

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V58289**

1. Entity Name
D & M COFFEE SERVICE, INC.

Principal Place of Business
**1780 W BEAVER ST
JACKSONVILLE FL 32209**

Mailing Address
**P. O. BOX 6231
JACKSONVILLE FL 32236
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3142987**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARGROVE, A. T.
4564 ROMONA BLVD
JACKSONVILLE FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D HARGROVE, A. T.**
STREET ADDRESS **4564 ROMONA BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **A. T. HARGROVE**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02
Date

904-354-2226
Daytime Phone #

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90062 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Attachment # V 58289
806646

▼ Detach Here and Mail With Your Payment ▼

Form **941-V** (2001)

Form **941-V**

Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

▶ Do not staple or attach this voucher to your payment.

OMB No. 1545-0029

2001

1 Enter your employer identification number

59-3142987

2

Enter the amount of the payment

Dollars

Cents

15 28

3 Tax period



1st
Quarter



3rd
Quarter



2nd
Quarter



4th
Quarter

4 Enter your business name (individual name if sole proprietor)

D & M COFFEE SERVICE, INC

Enter your address

4564 RAMONA BLVD

Enter your city, state, and ZIP code

JACKSONVILLE FL 32205

DXA