

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90898 020 ***150.00

0645576 AV

DOCUMENT # S86825

1. Entity Name
KREJCI LIQUORS, INC.

Principal Place of Business
8880 124TH ST NORTH
SEMINOLE FL 33772

Mailing Address
8880 124TH ST NORTH
SEMINOLE FL 33772



2. Principal Place of Business
2961 LANDMARK Way
 Suite, Apt. #, etc.

3. Mailing Address
2961 LANDMARK Way
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palm Harbor Florida
 Zip
34684
 Country
PINELLAS

City & State
Palm Harbor Florida
 Zip
34684
 Country
PINELLAS

4. FEI Number
59-3100009

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BRYANT THOMAS J.
114 NORTH TENNESSEE AVE.
SUITE 202
LAKELAND FL 32301

7. Name and Address of New Registered Agent
 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 _____ (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

TITLE	P ☐ Delete
NAME	KREJCI, LEE W.
STREET ADDRESS	8880 124TH ST NORTH
CITY-ST-ZIP	SEMINOLE FL 33772
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P ☒ Change ☐ Addition
NAME	Lee W. Krejci
STREET ADDRESS	2961 LANDMARK Way
CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02

813-871-5241

Date Daytime Phone #

CR2E034 (9/01)