

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90181 024 ***150.00

DOCUMENT # 373695



1. Entity Name
PATIO RESTAURANT OF VERO BEACH, INC.

Principal Place of Business
695 S US HWY #1
P O BOX 1208
VERO BCH FL 32961

Mailing Address
695 S US HWY #1
P O BOX 1208
VERO BCH FL 32961

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1308857**

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

EGAN III, J B
695 S US HWY #1
VERO BCH 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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TRIPSON, BARBARA S	
STREET ADDRESS	5000 12TH STREET	
CITY-ST-ZIP	VERO BCH, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALEY, JACQUELINE S	
STREET ADDRESS	950 BROADWAY	
CITY-ST-ZIP	BELMONT, CA 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SEXTON, RALPH W	
STREET ADDRESS	RANCH RD	
CITY-ST-ZIP	VERO BCH, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	EGAN, J B III	
STREET ADDRESS	4631 9TH PL	
CITY-ST-ZIP	VERO BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SEXTON, CHARLES R	
STREET ADDRESS	4990 11TH LANE	
CITY-ST-ZIP	VERO BCH, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-03

772-562-2301

Date

Daytime Phone #

CR2E034 (10/02)