

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) - AMENDED**

Amended

DOCUMENT # P01000005532

1. Entity Name

CASEY KEY CAFE, INC.
1072 SOUTH TAMiami TRAIL



FILED

03 AUG 19 PM 6:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1072 S. TAMiami TRAIL

3. Mailing Address

1072 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OSPREY, FL

City & State
OSPREY, FL

4. FEI Number
65-1076961

Applied For
Not Applicable

Zip
34229

Country
USA

Zip
34229

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DRAGUTIN D. STEVANOVIH

Street Address (P.O. Box Number is Not Acceptable)
1073 MALLARD MARSH DRIVE

City
OSPREY

FL Zip Code
34229

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES.
NAME DRAGUTIN D. STEVANOVIH
STREET ADDRESS 1073 MALLARD MARSH DR.
CITY-ST-ZIP OSPREY, FL 34229

TITLE VP
NAME STEPHEN SVECAK
STREET ADDRESS 1072 S. TAMiami TR.
CITY-ST-ZIP OSPREY, FL 34229

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dragutin Stevanovich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-03

Date

941-966-4552

Daytime Phone #

CR2E034B (12/02)