

FILED
Jan 31, 2003 8:00 am
Secretary of State


01-31-2003 90116 015 ***150.00

60011305

☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # P01000071481

1. Entity Name
VRANICAR RESTAURANT I, INC.



Principal Place of Business
894. SOUTH FEDERAL HWY.
STUART FL 34994

Mailing Address
1001 S.W.CORNELIA AVENUE
PORT ST. LUCIE FL 34953

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip


Country

6. Name and Address of Current Registered Agent

RICHARDSON, KEVIN F ESQ.
1551 FORUM PLACE
SUITE 300-F
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
Name
PETER F. VRANICAR
Street Address (P.O. Box Number is Not Acceptable)
1001 SW CORNELIA AVE
City
PORT SAINT LUCIE FL Zip Code
34953

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
1/28/03

FILE 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
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. VRANICAR, PETER F PRES. 1001 S.W. CORNELIA AVENUE PORT ST. LUCIE FL 34953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. VRANICAR, MARTIN T VICE-PR 55, WEST PALM AVE. LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETER VRANICAR - P, VP, S.T. 1001 SW CORNELIA AVE PORT SAINT LUCIE FL- 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
1/28/03


TELEPHONE
(772) 223-5858
(772) 873-0878

San 31, 2003 8:00 am

Secretary of State

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Applied For
Not Applicable

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