

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90149 020 ***550.00

0126396 AT

DOCUMENT # P02000085757

1. Entity Name
WRANN SALES, P.A.



Principal Place of Business
4209 MAINSAIL DR
NICEVILLE FL 32578

Mailing Address
4209 MAINSAIL DR
NICEVILLE FL 32578



2. Principal Place of Business
4245 LOST HORSE CIRCLE

3. Mailing Address
4245 LOST HORSE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
NICEVILLE, FL

City & State
NICEVILLE, FL

4. FEI Number
010738771

Applied For
☐ Not Applicable

Zip
32578

Country
OKALOOSA

Zip
32578

Country
OKALOOSA

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

6. Name and Address of Current Registered Agent

WRANN, MARILOU G
4209 MAINSAIL DR
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name
WRANN, MARILOU G.

Street Address (P.O. Box Number is Not Acceptable)
4245 LOST HORSE CIRCLE

City NICEVILLE **FL** **Zip Code** 32578

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 *Marilou G. Wrann*

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

(NOTE: Registered Agent signature required when reinstating)

7-31-03

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE P **NAME** WRANN, EDWARD V. ☐ Delete
STREET ADDRESS 4209 MAINSAIL DR
CITY-ST-ZIP NICEVILLE FL 32578

TITLE VST **NAME** WRANN, MARILOU ☐ Delete
STREET ADDRESS 4209 MAINSAIL DR
CITY-ST-ZIP NICEVILLE FL 32578

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P **NAME** WRANN, EDWARD V. ☒ Change ☐ Addition
STREET ADDRESS 4245 LOST HORSE CIRCLE
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE VST **NAME** WRANN, MARILOU ☒ Change ☐ Addition
STREET ADDRESS 4245 LOST HORSE CIRCLE
CITY-ST-ZIP NICEVILLE, FL 32578

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Marilou G. Wrann* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-03 850 897-4247

Date

Daytime Phone #

CR2E034 (4/03)