

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/200

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-03-2004 90404 024 ***150.00

DOCUMENT # P03000019933

1. Entity Name
FRANCO'S PIZZERIA, INC.



Principal Place of Business
**516 RYAN AVENUE
APOPKA, FL 32712**

Mailing Address
**516 RYAN AVENUE
APOPKA, FL 32712**

66427139



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FFL Number

30-0150194

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**VUKEL, NIKE
516 RYAN AVENUE
APOPKA, FL 32712**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVST
VUKEL, NIKE
516 RYAN AVENUE
APOPKA, FL 32712** ☐ Delete

TITLE
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ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: Nike Vukel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NIKE VUKEL, PVST, D

4/28/04 407-877-4445

Date

Daytime Phone #

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☐ Delete

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☐ Change ☐ Addition

FRANCOS PIZZERIA INC
407-877-4445
516 Ryan Ave
Apopka, FL 32712

1298

63-466/631

DATE 4/28/04

PAY TO THE ORDER OF Florida Dept. of State \$ 150.00

One hundred and fifty dollars DOLLARS

AM SOUTH BANK
THE RELATIONSHIP PEOPLE

OR

NIKE VUKEL

SIGNATURE: NIKE VUKEL, PVST, D 4/28/04 407-877-4445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone