

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90363 013 ***150.00

DOCUMENT # P99000044641

1. Entity Name
WOLVERINE RESTAURANT GROUP, INC.

Principal Place of Business

**2031 GULFVIEW DRIVE
HOLIDAY FL 34691**

Mailing Address

**2031 GULFVIEW DRIVE
HOLIDAY FL 34691**

2. Principal Place of Business

8402 Lemon Rd

Suite, Apt. #, etc.

Suite B

City & State

Port Richey FL

Zip

34668

Country

US

3. Mailing Address

8402 Lemon Rd

Suite, Apt. #, etc.

Suite B

City & State

Port Richey FL

Zip

34668

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3547843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOIACANO, WILLIAM
2031 GULFVIEW DRIVE
HOLIDAY FL 34691**

7. Name and Address of New Registered Agent

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.

SIGNATURE

William Loiacano

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PVTS** ☐ Delete
NAME **LOIACANO, WILLIAM J**
STREET ADDRESS **2031 GULFVIEW DRIVE**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Loiacano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)