

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90130 009 ***150.00

DOCUMENT # P99000092534

1. Entity Name
FRIENDLY FRANKIES LIQUOR, INC.



Principal Place of Business
5995 S POINT BLVE. #108
FT MYERS FL 33919

Mailing Address
5995 S POINT BLVE. #108
FT MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0958111

Applied For

Not Applicable

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

FRANK, ELIZABETH
5995 S POINT BLVE, #108
FT MYERS FL 33919

New Registered Agent

Name *John KRESOVSKY*
Street Address (P.O. Box Number is Not Acceptable) *1570-3 Park Meadows Drive*
City *Ft. Myers, FL* **Zip Code** *33907*

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

(NOTE: Registered Agent signature required when reinstating)

DATE *1-16-03*

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *D* ☐ Delete
NAME *FRANK, ELIZABETH*
STREET ADDRESS *PO BOX 156*
CITY-ST-ZIP *MATLACHA FL 33993*

TITLE *President* ☐ Change ☒ Addition
NAME *JOHN KRESOVSKY*
STREET ADDRESS *1570-3 PARK MEADOWS DRIVE*
CITY-ST-ZIP *FT. MYERS, FLA 33907*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Vice President* ☐ Change ☒ Addition
NAME *JOSEPH FRANK*
STREET ADDRESS *199 HOBNAIL*
CITY-ST-ZIP *NO. FT. MYERS, FLA 33917*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

[Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)