

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L06326

1. Entity Name

FRANK ERWIN REALTY, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90447 030 ***150.00

Principal Place of Business

126 THIRD AVENUE N
 SAFETY HARBOR FL 34695
 US

Mailing Address

126 THIRD AVE. N.
 SAFETY HARBOR FL 34695-3667
 US

2. Principal Place of Business

1725 Lake Cypress Dr.
 Suite, Apt. #, etc.
 SAFETY HARBOR FL

3. Mailing Address

1725 Lake Cypress Dr.
 Suite, Apt. #, etc.
 SAFETY HARBOR FL



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number	59-2970281	Applied For	
SAFETY HARBOR FL		SAFETY HARBOR FL				Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
34695	USA	34695	USA				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ERWIN, FRANK L. 126 THIRD AVE. N. SAFETY HARBOR FL 34695		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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERWIN, FRANK L.	NAME	
STREET ADDRESS	1725 LAKE CYPRESS DR	STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: FRANK ERWIN 3/18/00 (727) 724-1123

CR2E034 (9/99)