

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90187 001 ***300.00

DOCUMENT # P01000006292

1. Entity Name
FRANKLIN PROPERTIES, INC.

Principal Place of Business Mailing Address
2573 OLEANDER DR **2573 OLEANDER DR**
NAVARRE FL 32566 **NAVARRE FL 32566**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1957 Hwy 87 Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
NAVARRE FL **59-3692810** 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	
FRANKLIN, MARTHA 2573 OLEANDER DR NAVARRE FL 32566		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRANKLIN, MARTHA 2573 OLEANDER DR NAVARRE FL 32566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *MARTHA FRANKLIN* **MARTHA FRANKLIN** 4-30-02 850-936-0036
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)