2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000052581

1. Entity Name

Zip

SIGNATURE

11.

TITLE

TITLE NAME

TITLE NAME

TITLE NAME

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

FRANKLIN, BRIAN

4106 EAGLE FEATHER DR ORLANDO FL 32809

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FRANKLIN, BRIAN

4106 EAGLE FEATHER DR ORLANDO FL 32809

(See criteria on back)

PVST

FRANKLIN COMPUTER CONSULTING, INC.

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Principal Place of Business	Mailing Address	
MCC EAGLE FEATHER DR	4106 EAGLE FEATHER DR ORLANDO FL 32829-8435	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME STREET ADDRESS

TITLE

TITLE

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NAME

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NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

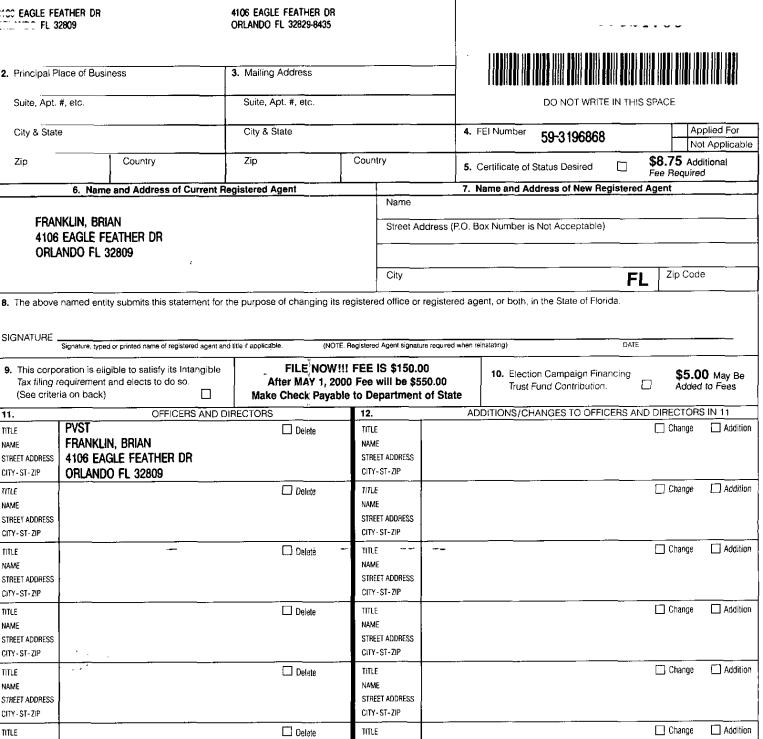
CITY-ST-ZIP

CITY-ST-ZIP

Name

FILED Mar 03, 2000 8:00 am **Secretary of State**

03-03-2000 90024 002 ***150.00



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,

SIGNATURE: