2001 UNIFORM BUSINESS REPORT (UBR)

Mar 08, 2001 8:00 am DOCUMENT # P98000014227 **Secretary of State** 1. Entity Name r FRANCO & FRANCO, P.A. 03-08-2001 90058 001 ***150.00 Mailing Address Principal Place of Business 3117 WEST COLUMBUS DRIVE 3117 WEST COLUMBUS DRIVE #208 #208 726325 TAMPA FL 33607 TAMPA FL 33607 US 2. Principal Place of Business 3. Mailing Address 401 W. Columbus Dr 3401 W. Columbus Dr. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3495229 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANCO, CHRISTINE Street Address (P.O. Box Number is Not Acceptable) 3117 WEST COLUMBUS DRIVE #208 **TAMPA FL 33607** Tampa 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution, Added to Fees \Box (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete)R2E034 (10/00) TITI F M Change ☐ Addition TITLE FRANCO, CHRISTINE franco, Christine NAME NAME 2780 N RIVERSIDE DR #601 4650 Bay Crest Dr. STREET ADDRESS STREET ADDRESS Tampa, R 33415 **TAMPA FL 33602** CITY-ST-ZIP CITY-ST-ZIP TITLE ■ Change ☐ Addition TITLE ☐ Delete Franco, manuel FRANCO, MANUEL NAME NAME HUSO Bay crest or Tanpa, R 33615 2780 N RIVERSIDE DR #601 STREET ADDRESS STREET ADDRESS **TAMPA FL 33602** CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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Christine Franco

1 15/01 (813)873-0181