

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90071 027 ***150.00

DOCUMENT # P98000039157

1. Entity Name
STRAIGHTFORWARD, INC.

Principal Place of Business 2560 PLACIDA ROAD ENGLEWOOD FL 34224 <i>716 Crestwood Rd Englew</i>	Mailing Address 2560 PLACIDA ROAD ENGLEWOOD FL 34224 <i>1599 Placida Road Englewood FL 31223</i>
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00028324



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>716 Crestwood Road</i>	3. Mailing Address <i>1599 Placida Road</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Englewood FL	City & State Englewood FL	4. FEI Number 65-0833928	Applied For <input type="checkbox"/> Not Applicable
Zip 34223	Country SARASOTA	Zip 34223	Country Charlotte

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FRINK, PATRICIA
2560 PLACIDA ROAD
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	
TITLE D	<input type="checkbox"/> Delete
NAME FRINK, PATRICIA	
STREET ADDRESS 716 CRESTWOOD ROAD	
CITY-ST-ZIP ENGLEWOOD FL 34223	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRINK, PATRICIA	
STREET ADDRESS 716 Crestwood Rd	
CITY-ST-ZIP Englewood FL 34223	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Patricia Frink* **PATRICIA FRINK 3-19-01** **941-473-9616**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)