

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 224286

1. Entity Name

FRANK ELECTRIC CO. INC.

Principal Place of Business

1419 ELENOR AVE  
JENSEN BEACH FL 34957

Mailing Address

1419 ELENOR AVE  
JENSEN BEACH FL 34957

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Nensen Beach Fl.

City & State

Nensen Beach, Fl.

Zip

34957

Country

Martin

Zip

34957

Country

Martin

6. Name and Address of Current Registered Agent

KOEBE, BRUCE A.  
2477 NE DIXIE HWY  
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number 59-0882912

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

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 BRUCE A KOEBE

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

(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)



**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 **P** ☐ Delete  
NAME **DELANEY, JOSEPH M.**  
STREET ADDRESS **1419 ELEANOR AVE**  
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **V** ☐ Delete  
NAME **DELANEY, JOHN A.**  
STREET ADDRESS **WARDER DR**  
CITY-ST-ZIP **BELLRIDGE MO**

TITLE **ST** ☐ Delete  
NAME **DELANEY, JOSEPH M., JR.**  
STREET ADDRESS **14 N. CEADER ST**  
CITY-ST-ZIP **LEASBURG MO**

TITLE **D** ☐ Delete  
NAME **MCCORMACK, HETTIE**  
STREET ADDRESS **8209 S INDIAN RIVER DR**  
CITY-ST-ZIP **FT PIERCE FL 34982**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph M. Delaney C.F.O. Joseph M. Delaney

1-19-2001

Date

Daytime Phone #

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90099 002 \*\*\*\*\*8.75

01-31-2001 90099 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)