

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90223 020 ***150.00

DOCUMENT # 493636

1. Entity Name
FRANCISCO IGLESIAS, INC.

Principal Place of Business: 207 N. PLANT AVE. PLANT CITY FL 33567
 Mailing Address: 207 N. PLANT AVE. PLANT CITY FL 33567



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
503 CLIFF DRIVE

3. Mailing Address
503 CLIFF DRIVE

Suite, Apt. #, etc.

TEMPLE TERRACE, FL City & State **TEMPLE TERRACE, FL**

Zip **33617-3807** Country **U.S.A.** Zip **33617-3807** Country **U.S.A.**

4. FEI Number **59-1671718** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
IGLESIAS, JUDITH T
4901 W BAY WAY DRIVE
TAMPA FL 33629

7. Name and Address of New Registered Agent
 Name **IGLESIAS, JUDITH T.**
 Street Address (P.O. Box Number is Not Acceptable) **503 CLIFF DRIVE**
 City **TEMPLE TERRACE** **FL** Zip Code **33617-3807**

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 *Judith T. Iglesias* **JUDITH T. IGLESIAS** **4/12/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for Articles of Incorporation) **PRESIDENT** 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 NAME STREET ADDRESS CITY-ST-ZIP	PDST IGLESIAS, JUDITH T 4901 W BAY WAY DRIVE TAMPA FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST IGLESIAS, JUDITH T. 503 CLIFF DRIVE TEMPLE TERRACE, FL 33617-3807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Judith T. Iglesias* **JUDITH T. IGLESIAS** **4/12/01** **(813) 995-6596**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #

CR2E034 (10/00)