

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90025 010 ***158.75

DOCUMENT # F97000004265

1. Entity Name

PARKE FRANKENFIELD INC.

Principal Place of Business

786 CAMELIA LANE
VERO BEACH FL 32963

Mailing Address

786 CAMELIA LANE
VERO BEACH FL 32963

2. Principal Place of Business

240 N.Grove Isle Circle

3. Mailing Address

240 N.Grove Isle Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

59-3361252

Applied For

Not Applicable

Zip

32962

Country

Indian River

Zip

32962

Country

Indian River

5. Certificate of Status Desired

☒

\$8.75 Additional-
 Fee Required

6. Name and Address of Current Registered Agent

FRANKENFIELD, MELODY J

786 CAMELIA LANE

VERO BEACH FL 32963

240 N.Grove Isle Circle

Vero Beach, FL 32962

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

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, 2002 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 **PC** ☐ Delete
 NAME **FRANKENFIELD, MELODY J**
 STREET ADDRESS **786 CAMELIA LANE**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
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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
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 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:

Melody J. Frankenfield
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02 (561) 567-8881
 Date Daytime Phone #

CR2E034 (9/01)