


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90221 034 \*\*\*150.00

**DOCUMENT # G59539**

1. Entity Name  
**FRANCISE MANAGEMENT SERVICES, INC.**



Principal Place of Business  
**802 W DR ML KING JR BLVD  
#D  
PLANT CITY FL 33566  
US**

Mailing Address  
**802 W DR ML KING JR BLVD  
#D  
PLANT CITY FL 33566  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**104 N. Evers Street**  
Suite, Apt. #, etc.  
**Suite 202**  
City & State  
**Plant City, FL**  
Zip  
**33563** Country  
**US**

3. Mailing Address  
**104 N. Evers Street**  
Suite, Apt. #, etc.  
**Suite 202**  
City & State  
**Plant City, FL**  
Zip  
**33563** Country  
**US**

4. FEI Number **59-2325789** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FRANCISE, NAHEEM M., II**  
**802 W DR ML KING JR BLVD**  
**#D**  
**PLANT CITY FL 33566**

7. Name and Address of New Registered Agent  
Name  
**Francise, Naheem M., II**  
Street Address (P.O. Box Number is Not Acceptable)  
**104 N. Evers Street**  
**Suite 202**  
City  
**Plant City** **FL** Zip Code  
**33563**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Naheem M. Francise II  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVP</b> <b>FRANCISE, NAHEEM</b> <b>802 W DR ML KING JR BLVD, #D</b> <b>PLANT CITY FL 33566</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>FRANCISE, NAHEEM</b> <b>802 W DR ML KING JR BLVD, #D</b> <b>PLANT CITY FL 33566</b>	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>104 N. Evers Street, Suite 202</b> <b>Plant City, FL 33563</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>104 N. Evers Street, Suite 202</b> <b>Plant City, FL 33563</b>	<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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Naheem M. Francise II *Naheem M. Francise II*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **2-20-03** Daytime Phone # **813-693-0366**

CR2E034 (10/02)