

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-07-2003 90198 007 ***150.00

DOCUMENT # H01690

1. Entity Name
FRANK'S ROOFING & SPRAYING, INC.



Principal Place of Business
**2536 HANSON STREET
FT. MYERS FL 33901
US**

Mailing Address
**2536 HANSON STREET
FT. MYERS FL 33901
US**



2. Principal Place of Business
2536 Hanson St.

3. Mailing Address
2536 Hanson

Suite, Apt. #, etc.
FT. Myers, FL.

Suite, Apt. #, etc.

City & State
FT. Myers, FL.

City & State
FT. Myers, FL.

Zip
33901

Country
USA

Zip
33901

Country
USA

4. FEI Number **59-2384290**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DAMPIER, F. FRANKLIN, JR.
2536 HANSON STREET
FORT MYERS FL 33901**

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

SIGNATURE *F. Franklin Dampier Jr.* DATE *4/18/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PT	<input type="checkbox"/> Delete
NAME	DAMPIER, F. FRANKLIN JR.	
STREET ADDRESS	2536 HANSON STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAMPIER, F. FRANKLIN, JR	
STREET ADDRESS	2536 HANSON STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DAMPIER, LAVONNE C.	
STREET ADDRESS	2536 HANSON STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DAMPIER, CHARLES A	
STREET ADDRESS	3819 SW 32ND STREET	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. Franklin Dampier Jr. *4/18/03*
Date Daytime Phone #

CR2E034 (10/02)