

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H69820

1. Entity Name FRANKE MICHAEL ANTHONY INC.
2440 WORLD PKWY. APT # 56
CLEARWATER FLA 33763



FILED

03 FEB 20 PM 3: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600012869586
02/20/03--01043--016 **150.00

600012869586
02/20/03--01043--017 **8.75

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2440 World Pkwy Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater FL

4. FEI Number

59-257-6246

Applied For

Not Applicable

Zip

Country

Zip

33763

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

VONA, SAM

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

2440 WORLD PKWY

City

CLEARWATER

FL

Zip Code

33763

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 SAM VONA SR.

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

(NOTE: Registered Agent signature required when reinstating)

2-17-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PRESIDENT
NAME MICHAEL A. VONA
STREET ADDRESS 2440 WORLD PKWY. APT # 56
CITY-ST-ZIP CLEARWATER FLA 33763

TITLE VICE PRES.
NAME NINA E VONA
STREET ADDRESS 2440 WORLD PKWY. APT # 56
CITY-ST-ZIP CLEARWATER FLA. 33763

TITLE SEC. & TREASURER
NAME SAM VONA
STREET ADDRESS 2440 WORLD PKWY. APT. # 56
CITY-ST-ZIP CLEARWATER FLA. 33763

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SAM VONA SR. AGENT Sec. & Treasury

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-03 Date

CR2E034B (12/02)