

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90027 041 ***150.00

DOCUMENT # *J 14280*

1. Entity Name

FRAN WORTHEN & Associates Inc.



DO NOT WRITE IN THIS SPACE

94059583

2. Principal Place of Business

% FRAN WORTHEN

Suite, Apt. #, etc.

943 Sandlebury Court

City & State

PORT ORANGE, FL

Zip

32127-7961

Country

US

3. Mailing Address

FRAN WORTHEN

Suite, Apt. #, etc.

943 Sandlebury Court

City & State

PORT ORANGE

Zip

32127-7961

Country

US

4. FEI Number

59-2886624

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FRAN WORTHEN

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

943 Sandlebury Court

PORT ORANGE

City

FL

Zip Code

32127-7961

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

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	<i>PD</i>
NAME	<i>WORTHEN, FRAN</i>
STREET ADDRESS	<i>943 Sandlebury Court</i>
CITY-ST-ZIP	<i>PORT ORANGE, FL 32127</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<i>V</i>
NAME	<i>Roper, Wilton</i>
STREET ADDRESS	<i>943 Sandlebury Court</i>
CITY-ST-ZIP	<i>PORT ORANGE, FL, 32127</i>
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IN THIS SPACE**

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: *Frances Worthen Frances Worthen* *4/19/04* *386-322-4041*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)