

2002  
FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90041 040 \*\*\*150.00

DOCUMENT # J51768

1. Entity Name

MATT FRANK F.C.I., INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2680 SE 80TH ST

3. Mailing Address  
2680 SE 80TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
OCALA, FL

City & State  
OCALA, FL

4. FEI Number  
59-2762240

Applied For  
Not Applicable

Zip  
34480

Country  
US

Zip  
34480

Country  
US

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

7. Name and Address of Current Registered Agent

Name  
FRANK, MATT

Street Address (P.O. Box Number is Not Acceptable)  
2680 SE 80TH ST

City  
OCALA

FL

Zip Code  
34480

**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.

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing - \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
FRANK, MATT  
2680 SE 80TH ST  
OCALA FL 34480

TITLE  
NAME  
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CITY - ST - ZIP

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IN THIS SPACE**

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

SIGNATURE:

*Matt Frank*

MATT FRANK,  
PRESIDENT

4-23-02

352-622-3170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #