

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L54104

1. Entity Name

FRANKLIN & JAMES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90070 030 ***150.00

Principal Place of Business

Mailing Address

13649 GRANVILLE AVENUE
 CLERMONT FL 34711
 US

P O BOX 120191
 CLEMONT FL 34712-0191
 US

2. Principal Place of Business

31126 INDUSTRY DR. #10

3. Mailing Address

116 E. PALMETTO AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVARAS FL

City & State

HOWEY IN THE HILLS, FL

Zip

32778

Country

USA

Zip

34737

Country

USA

4. FEI Number

65-0174595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYCE, LAWRENCE F.
 13649 GRANVILLE AVENUE
 CLERMONT FL 34711

Name

LAWRENCE F. BOYCE

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

116 E. PALMETTO AVE.

City

HOWEY IN THE HILLS, FL FL

Zip Code

34737

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

LAWRENCE F. BOYCE (PRESIDENT)

4/28/00

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

(NOTE: Registered Agent signature required when removing)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BOYCE, LAWRENCE F.	
STREET ADDRESS	13649 GRANVILLE AVE/PO BOX 120191	
CITY-ST-ZIP	CLEMONT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYCE, LAWRENCE F.	
STREET ADDRESS	116 E. PALMETTO AVE.	
CITY-ST-ZIP	HOWEY IN THE HILLS, FL 34737	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYCE, REBECCA K.	
STREET ADDRESS	116 E. PALMETTO AVE.	
CITY-ST-ZIP	HOWEY IN THE HILLS, FL 34737	
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		

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

SIGNATURE

LAWRENCE F. BOYCE

4/28/00

352-324-3420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99