

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L54104

1. Entity Name  
FRANKLIN & JAMES, INC.

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90002 040 \*\*\*150.00

Principal Place of Business  
13649 GRANVILLE AVENUE  
CLERMONT FL 34711  
US

Mailing Address  
PO BOX 120191  
CLERMONT FL 34712-0191  
US

Triangle Ind  
31126 Industry Dr. #41  
Tavares, FL 32778

116 Palmetto Ave  
Howey in the Hills,  
FL 34737



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
31126 Industry Dr. #41  
Suite, Apt. #, etc.

3. Mailing Address  
116 E. PALMETTO AVE.  
Suite, Apt. #, etc.

City & State  
TAUAVAS, FL

City & State  
HOWEY-IN-THE-HILLS, FL

Zip  
32778

Country  
LAKIS

Zip  
34737

Country  
LAKIS

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  
BOYCE, LAWRENCE F.  
13649 GRANVILLE AVENUE  
CLERMONT FL 34711

116 E Palmetto Ave.  
Howey-in-the-Hills  
FL 34737

7. Name and Address of New Registered Agent  
Name  
BOYCE, LAWRENCE F.  
Street Address (P.O. Box Number is Not Acceptable)  
116 E. PALMETTO AVE.  
City  
HOWEY-IN-THE-HILLS 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 DATE 3/19/01

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYCE, LAWRENCE F. 13649 GRANVILLE AVE/PO BOX 120191 CLERMONT FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	116 E Palmetto Ave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Howey-in-the Hills PRES, W.P., FL 34737. TREASURER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BOYCE, REBECCA K. 116 E. PALMETTO AVE. HOWEY-IN-THE-HILLS, FL 34737 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE 3/19/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)