

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90029 041 ***150.00

DOCUMENT # M76986

1. Entity Name

FLUKE, INC.

Principal Place of Business

**4406 S.E. NIMROD LANE
STUART FL 34997**

Mailing Address

**4406 S.E. NIMROD LANE
STUART FL 34997-5530**

00018660

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2890011

Applied For

Not Applied For

Zip

Country

Zip

Country

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

**FRANCUM, BENNY
4406 S.E. NIMROD LANE
STUART FL 34997**

Name

FRANCUM, LINDA

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

4406 S/E NIMROD LN.

City

STUART

FL

Zip Code

34997

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) ☐

**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 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	FRANCUM, BENNY	
STREET ADDRESS	4406 S.E. NIMROD LANE	
CITY-ST-ZIP	STUART FL	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	FRANCUM LINDA	
STREET ADDRESS	4406 SE NIMROD LN	
CITY-ST-ZIP	STUART 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	FRANCUM, LINDA	
STREET ADDRESS	4406 S/E NIMROD LN	
CITY-ST-ZIP	STUART, FL, 34997	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	FRANCUM, BENNY	
STREET ADDRESS	4406 S/E NIMROD LN	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
FRANCUM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00 561-287-0340
Date Daytime Phone #