


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90198 047 ***150.00

0507157 AV

DOCUMENT # P00000007970	
1. Entity Name FRENCH CONCEPT DEVELOPMENT, INC.	

Principal Place of Business 233 HANGING MOSS ROAD DAVENPORT FL 33837	Mailing Address 233 HANGING MOSS ROAD DAVENPORT FL 33837
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3683677	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
LE HELLEY, BERTRAND 543 PINE LAKE VIEW DRIVE DAVENPORT FL 33837	
7. Name and Address of New Registered Agent	
Name WALLART, FRANCK	
Street Address (P.O. Box Number is Not Acceptable) 2910 N. Orange Ave.	
City ORLANDO	FL Zip Code 32804

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 Franch Wallart DATE 05-23-03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLART, FRANCK 233 HANGING MOSS ROAD DAVENPORT FL 33837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President WALLART, Franck 2910 N. Orange Ave ORLANDO, FL 32804 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALLART, MURIEL 233 HANGING MOSS ROAD DAVENPORT FL 33837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALLART, Muriel 2910 N. Orange Ave ORLANDO, FL 32804 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIC FRANCH WALLART **05-23-03** (407) 896-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

FRANK WALLART
710 N. ORANGE AV
ORLANDO, FL 32804

Attachment
Doc# ~~20000000~~ 7970
80123653

05-23-03.

FLORIDA DEPARTMENT of STATE
"to who it may concern",

Dear Mrs, Mr

I'm writing this letter to you, explaining that the form was mailed to the previous address and went to the prior consultant who didn't take care of the proper filling; upon discovering this problem I contact to the State who advise me to write this letter, explaining the problem and fill this form immediately with payment to eliminate penalty -

I thank you for understanding -

My Best Regards
FRANK WALLART