

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009344

1. Entity Name

FRANKS DEVELOPMENT CORPORATION

Principal Place of Business

RT 3 BOX 1432, THOMAS CIRCLE WEST
MACCLENNEY FL 32063

Mailing Address

RT 3 BOX 1432, THOMAS CIRCLE WEST
MACCLENNEY FL 32063

2. Principal Place of Business

932 WEST MACCLENNEY AVE

3. Mailing Address

P.O. Box 723

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MACCLENNEY FL

City & State

MACCLENNEY, FL

4. FEI Number

59-3622154

Applied For

Not Applicable

Zip

32063

Country

BAKER

Zip

32063

Country

BAKER

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

FRANKS, ELLIS M II
RT 3 BOX 1432, THOMAS CIRCLE WEST
MACCLENNEY FL 32063

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRANKS, ELLIS M II
RT 3 BOX 1432, THOMAS CIRCLE WEST
MACCLENNEY FL 32063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
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CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ellis M. Franks, II

Date

1-31-01

Daytime Phone #

(904)259-4265

CR2E034 (10/00)