

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000031798

1. Entity Name

SWANKY FRANKS, INC.

Principal Place of Business

1423 DEVILS DIP  
TALLAHASSEE FL 32308

Mailing Address

1423 DEVILS DIP  
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PITT, JANE~~  
1423 DEVILS DIP  
TALLAHASSEE FL 32308

Name

mark Pitt

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

1423 Devils Dip

City

TALLA

FL

Zip Code

32308

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

TITLE **D** ☒ Delete  
NAME **PITT, JEAN**  
STREET ADDRESS **1423 DEVILS DIP**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MARK PITT, President** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **1423 Devils D.P**  
CITY-ST-ZIP **TALLA, FL. 32308**

TITLE **Vice President, Sec. Treas.** ☐ Change ☒ Addition  
NAME **John LAMENDOLA**  
STREET ADDRESS **1412 CLAUDE RICHARD DR.**  
CITY-ST-ZIP **TALLA, FL. 32308**

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED  
AND  
FILED

01 JUL 19 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0027396

CR2E034 (10/00)

7/19/01

TO WHOM IT MAY CONCERN,

DUE TO AN UNFRIENDLY DIVORCE  
I DID RECEIVE THE UNIFORM BUSINESS  
REPORT UNTIL WELL AFTER THE  
MAY 1<sup>ST</sup> DEADLINE & I RESPECTFULLY  
REQUEST THE WAIVING OF THE  
PENALTY CHARGE.

THANK YOU

Shirley M.