

2002 UNIFORM BUSINESS REPORT (UBR)

0005242 AV

DOCUMENT # P00000031798

1. Entity Name
SWANKY FRANKS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL -5 PM 1:30

| | |
|--|--|
| 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 |

| | |
|-----------------------------|--|
| 4. FEI Number 59-3637817 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PITT, MARK
1423 DEVILS DIP
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P PITT, MARK 1423 DEVILS DIP TALLAHASSEE FL 32308 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST LAMENDOLA, JOHN 1412 CLAUDE PICHARD DR TALLAHASSEE FL 32308 <input checked="" type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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***150.00 ***150.00

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: JULY 5, 2002 656-6358

CR2E034 (4/02)

7/5/02

TO WHOM IT MAY CONCERN.

WE DID NOT RECEIVE ANY NOTIFICATION FOR THE FILING OF MY CORP.

AND RESPECTFULLY REQUEST THE
WAIVER OF THE PENALTY FEE.

THANK YOU

A handwritten signature in cursive script, appearing to read "David S. [unclear]", with a long horizontal flourish underneath.