

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91188 040 \*\*\*150.00

DOCUMENT # **P00000040398**

1. Entity Name

**Franklin Communications, Inc.**

Principal Place of Business

Mailing Address

**43 Burnside Avenue**

**Norristown, Pa 19403**

**C0070211**

2. Principal Place of Business

**43 Burnside Ave**

3. Mailing Address

**43 Burnside Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Norristown, PA**

City & State

**Norristown, PA**

4. FEI Number

**59-3660270**

Applied For

Not Applicable

Zip

Country

**19403**

**USA**

Zip

Country

**19403**

**USA**

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

Name

**Clifton A. McClelland Jr.**

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

**1499 South Harbor City Blvd.**

**Suite 201**

City

**Melbourne**

**FL**

Zip Code

**32901**

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

**Clifton A. McClelland Jr.**

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!!**

**After MAY 1, 2001**

**FEE IS \$150.00**

**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 **Thomas Grow** ☐ Delete  
NAME **President**  
STREET ADDRESS **43 Burnside Avenue**  
CITY-ST-ZIP **Norristown, Pa 19403**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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CR2E034 (11/00)

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: **Thomas P. Grow, President** 4/9/01 (610) 539-3576  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone #