

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90554 049 ***150.00

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1. Entity Name
FRA FUNDING, INC.



Principal Place of Business
C/O JTP, 1601 FORUM PLACE
SUITE 801
WEST PALM BEACH FL 33401

Mailing Address
C/O JTP, 1601 FORUM PLACE
SUITE 801
WEST PALM BEACH FL 33401



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
c/o JTP

3. Mailing Address
c/o JTP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1832 North Dixie Highway

1832 North Dixie Highway

City & State
Lake Worth, Florida

City & State
Lake Worth, Florida

4. FEI Number **65-1080455**

Applied For

Not Applicable

Zip
33460

Country
USA

Zip
33460

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAXMAN, JOHN T ESQ.
1601 FORUM PLACE
SUITE 801
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name
John T. Paxman, Esquire
Street Address (P.O. Box Number is Not Acceptable)
1832 North Dixie Highway
City
Lake Worth, Florida **FL** Zip Code
33460

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 **John T. Paxman**

January 6, 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME **D** ☐ Delete
DISOMMA, FRANK
STREET ADDRESS **C/O JTP, 1601 FORUM PLACE SUITE 801**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☒ Change ☐ Addition
Disomma, Frank
STREET ADDRESS **c/o John T. Paxman, P.A, 1832 North Dixie Hwy**
CITY-ST-ZIP **Lake Worth, Florida 33460**

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

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

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

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

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

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: **Frank Disomma**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561.712.8700

CR2E034 (10/02)