

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
 05-30-2002 91590 038 ***150.00

DOCUMENT # P00000058870

1. Entity Name

FRANCESCO'S, INC.

Principal Place of Business

8123 STATE ROAD 52
 HUDSON FL 34667

Mailing Address

10206 HILLTOP DRIVE
 NEW PORT RICHEY FL 34654

2. Principal Place of Business

8123 SR 52

3. Mailing Address

10206 Hilltop Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NEWPORT RICHEY

City & State

City & State

Hudson FL

FL

Zip

Country

Zip

Country

34667

USA

34654

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3651935

Applied For

Not Applicable

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

PERROTT, KRISTIN

10220 HILLTOP DR

NEW PORT RICHEY FL 34654

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	PERROTT, FRANK J	
STREET ADDRESS	10206 HILLTOP DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERROTT, KRISTIN M	
STREET ADDRESS	10206 HILLTOP DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

KRISTIN MARIA PERROTT
 KRISTIN MARIA PERROTT
 727-862-4149
 4/24/02
 Daytime Phone #

CR2E034 (9/01)