

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2001 8:00 am**
Secretary of State

04-03-2001 90089 009 ***158.75

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DOCUMENT # P00000072518

1. Entity Name

FRANMATT INC.

Principal Place of Business

**3883 TAMiami TRAIL
PORT CHARLOTTE FL 33962**

Mailing Address

**3883 TAMiami TRAIL
PORT CHARLOTTE FL 33962**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1028911

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**

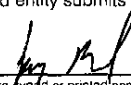
6. Name and Address of Current Registered Agent

**MCEWEN, FRANCES
4134 VIA ARAGON
N. FT. MYERS FL 33903**

7. Name and Address of New Registered Agent

Name **Jay Brizel Esq.**Street Address (P.O. Box Number is Not Acceptable)
1401-B Lee StreetCity **Ft. Myers****FL**Zip Code
33901

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)

2/28/01

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 **PD** ☒ Delete
NAME **SCHMELTER, MATHEW**
STREET ADDRESS **2001 VALPARAISO BLVD.**
CITY-ST-ZIP **FT. MYERS FL 33917**TITLE **STD** ☐ Delete
NAME **MCEWEN, FRANCES**
STREET ADDRESS **4134 VIA ARAGON**
CITY-ST-ZIP **N. FT. MYERS FL 33903**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PSTD** ☒ Change ☐ Addition
NAME **McEwen, Frances**
STREET ADDRESS **4134 Via Aragon**
CITY-ST-ZIP **N. Ft. Myers, FL 33903**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

Mar 29, 2001

Date

941-943-5115

Daytime Phone #

CR2E034 (10/00)