

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90217 017 \*\*\*150.00

0250681

**DOCUMENT # P00000087335**

1. Entity Name

**FRANKLIN & PARTNERS CONSULTANTS, INC.**

Principal Place of Business

**2740 S. OAKLAND FOREST DRIVE  
 SUITE #1104  
 FORT LAUDERDALE FL 33309**

Mailing Address

**2740 S. OAKLAND FOREST DRIVE  
 SUITE #1104  
 FORT LAUDERDALE FL 33309**

**755808**

2. Principal Place of Business

**2780 S. Oakland Forest Drive**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**#1105**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**fort Lauderdale, FL**

City & State

4. FEI Number

**65-1040564**

Applied For

Not Applicable

Zip

**33309**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOLE, MARY L  
 2740 S. OAKLAND FOREST DRIVE  
 SUITE #1104  
 FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name

**Mary Lou Bole**

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

**21910 Cypress Drive #36K**

City

**Boca Raton**

FL

Zip Code

**33433**

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

*Mary Lou Bole*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/20/01**

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 ☐ Delete  
 NAME **D BOLE, MARY L**  
 STREET ADDRESS **2740 S. OAKLAND FOREST DRIVE #1104**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ 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:

*Mary Lou Bole*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/20/01**

Daytime Phone #

**561-358-0650**

CR2E034 (10/00)