

2002 UNIFORM BUSINESS REPORT (UBR)

5/21

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-28-2002 91769 022 ***150.00

DOCUMENT # P01000009682

1. Entity Name

PARTNERS IN FRANCHISING, INC.

Principal Place of Business

211 NASSAU ST-S
VENICE FL 34285

Mailing Address

211 NASSAU ST-S
VENICE FL 34285

2. Principal Place of Business

240 W. Tampa Avenue
Suite, Apt. #, etc.

3. Mailing Address

240 W. Tampa Avenue
Suite, Apt. #, etc.

City & State

Venice, FL

City & State

Venice, FL

4. FEI Number

1126502
65-~~1126502~~

Applied For

Not Applicable

Zip

34285

Country

US

Zip

34285

Country

US

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

6. Name and Address of Current Registered Agent

BEDARD, MARIANNE
2201 BRIDGE ST
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name

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

329 Fareham Drive
City Venice FL Zip Code 34293

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

Marianne Bedard

Marianne Bedard

3/19/02

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

TITLE D
NAME BEDARD, MARIANNE
STREET ADDRESS 2201 BRIDGE ST
CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 329 Fareham Drive
CITY-ST-ZIP Venice, FL 34293 ☒ Change ☐ Addition

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

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

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

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

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

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:

Marianne Bedard

Marianne Bedard

3/19/02 (941) 484-1312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)