

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000101986

1. Entity Name
FRANKS TIE BEAMS INC.

Principal Place of Business

3033 SERUBI AVE.
LAKEWORTH FL 33461

Mailing Address

3033 SERUBI AVE.
LAKEWORTH FL 33461

2. Principal Place of Business

3080 E MAYAGUANA

3. Mailing Address

5866 SO 37th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Greenacres FL

Zip
33463

Country

Zip

33463

Country

4. FEI Number

05-1145100

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REA, MICHELLE L

3033 SERUBI AVE.
LAKEWORTH FL 33461

3080 E MAYAGUANA
LAKEWORTH FL 33462

7. Name and Address of New Registered Agent

Name

Michelle Rea

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

5866 SO 37th Ct
Greenacres

City

FL

Zip Code

33463

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 Michelle Rea

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

(NOTE: Registered Agent signature required when reissuing)

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 \$550.00

After September 13, 2002 Fee will be \$750.00

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 NAME STREET ADDRESS CITY-ST-ZIP

PD REA, MICHELLE L 3933 SERUBI AVE. LAKEWORTH FL 33461

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Vice President Cougherty David P.O. Box 540391 Greenacres FL 33454

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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

Date

Daytime Phone

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-15-2002 90185 034 ***150.00

07-30-2002 90380 042 *****8.75

00100000

DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment
B0132508

7-8-200-

Doc# P010001019K6

To whom it may concern:

I am a new company just starting out and I just received this letter from Division of Corporations this way my first letter. I apologize for not being able to respond before but as I have said I did not receive the first U.B.R. Statement

Thank you for your time and patience.

Sincerely yours
Michelle Rea

Michelle Rea
address

3080 E. Mayakiana Ln
Lakewood Fl 33462

mailing address

5866 So 37th Ct
Greenwood Fl 33463