

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90055 048 ***158.75

DOCUMENT # P01000101986

1. Entity Name
FRANKS TIE BEAMS INC.



Principal Place of Business
**3080 E MAYAGUANA
LAKE WORTH FL 33463**

Mailing Address
**S 5866 S 37TH COURT
GREENACRES FL 33463**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-1145100**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

REA, MICHELLE L

**5866 S 37TH COURT
GREENACRES FL 33463**

Name
Michelle Rea

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

5866 S 37TH CT

City

Greenacres

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

PD Michelle L. Rea

1-5-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
REA, MICHELLE L
3080 SERU BLAVE
LAKEWORTH FL 33461** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
REA, MICHELLE
5866 S. 37TH CT
GREENACRES FL 33463** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DOUGHERTY, DAVID
P.O BOX 540391
GREENACRES FL 33454** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DOUGHERTY, DAVID
P.O. Box 540391
LAKE WORTH FL 33454** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-03

561-7539

CR2E034 (10/02)