

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90002 034 ***150.00

DOCUMENT # P01000105878

1. Entity Name

FRANK, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14919 TAMiami FL

Suite, Apt. #, etc.

3. Mailing Address

PO Box 7198

Suite, Apt. #, etc.

City & State

North Port FL

Zip

34287

Country

USA

City & State

North Port FL

Zip

34287

Country

USA

4. FEI Number

65-1149057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Clarence W. Powell

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

4147 Magenta Ave

City

North Port

FL

Zip Code

34286

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

2-26-02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	President
NAME	C.W. Powell
STREET ADDRESS	4147 Magenta Ave
CITY-ST-ZIP	North Port FL 34287
TITLE	Vice President
NAME	Francie M. Powell
STREET ADDRESS	4147 Magenta Ave
CITY-ST-ZIP	North Port FL 34287
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 #

2-26-02 941-426-2004

CR2E034B (12/01)

Attachment



Doc. # P01000105878

425415

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 18, 2002

FRANEK, INC.
P.O. BOX 7198
NORTH PORT, FL 34287

SUBJECT: FRANEK, INC.
Ref. Number: P01000105878

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Leslie Sellers
Document Specialist

Letter Number: 102A00010022

Attachment
Doc. # P01000105878

425415

2/18/02 CORPORATE DETAIL RECORD SCREEN 3:58 PM
NUM: P01000105878 ST:FL ACTIVE/FL PROFIT FLD: 11/02/2001
NAME : FRANEK, INC.
PRINCIPAL: 14919 TAMiami TRAIL
ADDRESS NORTH PORT, FL 34287
MAILING : 4147 MAGENTA
ADDRESS NORTH PORT, FL 34286
RA NAME : POWELL, CLARENCE W
RA ADDR : 14919 TAMiami TRAIL
NORTH PORT, FL 34287
ANN REP : * NONE FILED *

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