

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90299 046 ***150.00

DOCUMENT # P01000106012
1. Entity Name
JOHN K. FRANTA, P.A.

Principal Place of Business **Mailing Address**
12040 FAIRWAY ISLES DR **12040 FAIRWAY ISLES DR**
FT MYERS FL 33913 **FT MYERS FL 33913**

2. Principal Place of Business **3. Mailing Address**
13121 UNIVERSITY DR **13121 UNIVERSITY DR**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**
Fort Myers, FL **Fort Myers, FL**
Zip **Country** **Zip** **Country**
33907 **LEE** **33907** **LEE**



DO NOT WRITE IN THIS SPACE

6.-Name and Address of Current Registered Agent
A.G.C. CO.
200 SOUTH ORANGE AVE
SUNTRUST CENTER STE 2300
ORLANDO FL

4. FEI Number **Applied For**
65-1156074 **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name **JOHN K. FRANTA**
Street Address (P.O. Box Number is Not Acceptable) **12040 FAIRWAY ISLES DR**
City **Fort Myers** **FL** **Zip Code** **33917**

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 **JOHN K. FRANTA, PRESIDENT** **Opnk Franta** **3/18/02**
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. ☐ **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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN FRANTA		NAME		
STREET ADDRESS	12040 FAIRWAY ISLES DR		STREET ADDRESS		
CITY-ST-ZIP	Fort Myers, FL 33907		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Opnk Franta, President** **3/18/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)