

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91052 022 ***150.00

DOCUMENT # P02000034356

1. Entity Name
FRANK & ASSOCIATES INSURANCE, INC.



Principal Place of Business
12477 AUTUMNBROOK TRAIL E
JACKSONVILLE FL 32258

Mailing Address
12477 AUTUMNBROOK TRAIL E
JACKSONVILLE FL 32258

2. Principal Place of Business
6028 CHESTER AVE

3. Mailing Address
6028 CHESTER AVE

Suite, Apt. #, etc.
#205

Suite, Apt. #, etc.
#205

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip
32217

Country
USA

Zip
32217

Country
USA

4. FEI Number
01-0632480

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANK, KEN JR
12477 AUTUMNBROOK TRAIL E
JACKSONVILLE FL 32258

Name

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

City

FL

Zip Code

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 *Ken Frank Jr.*
Signature, typed or printed name of registered agent and fee if applicable.

Kenner F. Frank Jr.
(NOTE: Registered Agent signature required when reinstating)

4-3-03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ **Delete**
NAME **FRANK, KEN JR**
STREET ADDRESS **12477 AUTUMNBROOK TRAIL E**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

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

TITLE **SD** ☐ **Delete**
NAME **FRANK, SHERI L**
STREET ADDRESS **12477 AUTUMNBROOK TRAIL E**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Delete**
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TITLE ☐ **Change** ☐ **Addition**
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NAME
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CITY-ST-ZIP

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: *Ken Frank Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-03
Date

(904) 281-1103
Daytime Phone #

CR2E034 (10/02)