

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90136 046 \*\*\*150.00

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AV

**DOCUMENT # P02000069552**

1. Entity Name

**FRAN STETSON AND ASSOCIATES, INC.**



Principal Place of Business

**2611 SOUTHWEST 13TH AVENUE  
FORT LAUDERDALE FL 33315**

Mailing Address

**2611 SOUTHWEST 13TH AVENUE  
FORT LAUDERDALE FL 33315**

2. Principal Place of Business

**2611 S.W. 13 Ave**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FL. Land FL**

City & State

Zip

Country

**33315 USA**

Zip

Country

4. FEI Number

**042673735**

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

**BUTLER, FRAN  
2611 SOUTHWEST 13TH AVENUE  
FORT LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent

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

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BUTLER, FRAN</b>	
STREET ADDRESS	<b>2611 SOUTHWEST 13TH AVENUE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33315</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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:** *Signature of Fran Butler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)