

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90164 018 ***158.75

DOCUMENT # P02000103826

1. Entity Name
FRANK CUMMINS, INC.



Principal Place of Business
**504 NW 12TH STREET
HOMESTEAD FL 33030**

Mailing Address
**504 NW 12TH STREET
HOMESTEAD FL 33030**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
504 NW 12TH STREET
Suite, Apt. #, etc.

3. Mailing Address
504 NW 12TH STREET
Suite, Apt. #, etc.

City & State
HOMESTEAD FL

City & State
HOMESTEAD FL

4. FEI Number
54-2087298

Applied For
☐ Not Applicable

Zip
33030

Country
USA

Zip
33030

Country
USA

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

6. Name and Address of Current Registered Agent

**PRACHER, DOUGLAS J
317 N. KROME AVENUE
HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent

Name

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

SAME

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 **D** ☐ Delete
NAME **CUMMINS, FRANK**
STREET ADDRESS **504 NW 12TH STREET**
CITY-ST-ZIP **HOMESTEAD FL 33030** **PRESIDENT**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **LEON R. LAPERLE**
STREET ADDRESS **1742 NW 5 AVE.**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **WAYNE CUMMINS**
STREET ADDRESS **7501 KIRKROGE DR.**
CITY-ST-ZIP **BELLVILLE, MI. 48111**

TITLE **SECRETARY** ☐ Delete
NAME **GEORGIA CUMMINS**
STREET ADDRESS **504 NW 12TH STREET**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **TREASURER** ☐ Delete
NAME **GEORGIA CUMMINS**
STREET ADDRESS **504 NW 12TH STREET**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ 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 REQUIRED
FRANK CUMMINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 13, 2003
Date

CR2E034 (10/02)