

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P92000000994**1. Entity Name
FRANKLIN CENTRES, INC.**Principal Place of Business**3315 N 124TH ST
STE E
BROOKFIELD WI
53005 US**Mailing Address**3315 N 124TH ST
STE E
BROOKFIELD WI
53005 US**2. Principal Place of Business**
C/O CENTRES INC.**3. Mailing Address**
C/O CENTRES INC.Suite, Apt. #, etc.
9130 S. DADELAND BLVD., #1528Suite, Apt. #, etc.
9130 S. DADELAND BLVD., #1528City & State
MIAMI FLCity & State
MIAMI FLZip Country
33156 USZip Country
33156 US**4. FEI Number**
65-0375142Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentARNOLD SHEVIN
TWO DATRAN CNTR #1528
9130 S DADELAND BLVD
MIAMI FL
33156 US**7. Name and Address of New Registered Agent**Name
SHEVIN ARNOLD D
Street Address (P.O. Box Number is Not Acceptable)
9130 S. DADELAND BLVD., #1528
City
MIAMI FL Zip Code
33156**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** **ARNOLD D. SHEVIN****02/27/2001**

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.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VST	NENNIG MICHELLE M.	3315 124TH ST, STE E	WI 53005	<input type="checkbox"/>
DP	KARL KENNETH B	9130 S. DADELAND BLVD, #1528	FL 33156	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VAST	CHARLTON DAVID K	9130 S. DADELAND BLVD., #1528	FL 33156	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:** **DAVID K. CHARLTON****VAST** **02/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)