

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91520 013 ***150.00

DOCUMENT # P93000020890

1. Entity Name

FRANCK ENTERPRISES OF ORLANDO, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

661 IOWA WOODS CIR E

3. Mailing Address

661 IOWA WOODS CIR E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number

59-3176143

Applied For

Not Applicable

Zip
32824

Country
ORANGE

Zip
32824

Country
ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROGERS, SCRUGGS & HOSKINS

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

804 VERONA ST SUITE 2

City

KISSIMMEE

FL

Zip Code

34741

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IN THIS SPACE**

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 L. Frank

4/20/02

(Type or print name of registered agent and title if applicable.)

(NOTE: Registered Agent Signature required when registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

PD
FRANCK, ROBIN L
661 IOWA WOODS CIRCLE E
ORLANDO, FL 32824

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

VSDT
FRANCK, DONALD E
661 IOWA WOODS CIRCLE E
ORLANDO, FL 32824

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)