

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000039353

1. Entity Name

FUTURE 3, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90003 037 ***150.00

Principal Place of Business

Mailing Address

4242 RABBIT POND RD.
TALLAHASSEE FL 32308
US

4242 RABBIT POND RD.
TALLAHASSEE FL 32308-6414
US

00043333

2. Principal Place of Business

3. Mailing Address

4352 Charles Samuel Dr. Suite, Apt. #, etc.

4352 Charles Samuel Dr. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Tallahassee FL

Tallahassee FL

4. FEI Number

65-0414103

Applied For

Not Applicable

Zip

Country

Zip

Country

32308

US

32308

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANKEN, CHARLES D
8181 W. BROWARD BLVD.
SUITE 360
PLANTATION FL 33324

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.

SIGNATURE

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, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DUNN, KYLE 4242 RABBIT POND RD. TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: T. Kyle Dunn T. Kyle Dunn 4-30-00 850-894-4611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)