

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 07, 2001 8:00 am
Secretary of State

05-11-2001 90457 002 ***150.00

DOCUMENT # P94000043405

1. Entity Name

ELLIOTT FRANKLIN, PA

Principal Place of Business

Mailing Address

5315 LAKE WORTH ROAD
 LAKE WORTH FL 33463

5315 LAKE WORTH ROAD
 LAKE WORTH FL 33463

2. Principal Place of Business

3. Mailing Address

2777 S CONGRESS AVE Suite, Apt. #, etc.

2777 S CONGRESS AVE Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

4. FEI Number

65-0498115

Applied For

Not Applicable

Zip

33461

Country

Zip

33461

Country

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

FRANKLIN, ELLIOTT
 5315 LAKE WORTH ROAD
 LAKE WORTH FL 33463

Name

FRANKLIN, ELLIOTT

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

2777 S CONGRESS AVE

City

LAKE WORTH

FL

Zip Code

33461

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, 2001 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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS FRANKLIN, ELLIOTT
 CITY-ST-ZIP 430 29TH STREET
 W. PALM BEACH FL 33407

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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
 NAME
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 NAME
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)