

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

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90143 026 ***150.00

DOCUMENT # **P950000010940**

1. Entity Name

FRANSHEL ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2380 HICKEY CREEK RD.

3. Mailing Address

2380 HICKEY CREEK RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALVA, FL

City & State

ALVA, FL

Zip

33920

Country

US

Zip

33920

Country

US

4. FEI Number

05 0563042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LOUIS F. HARVEY, JR

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

2380 HICKEY CREEK RD.

City

ALVA

FL

Zip Code

33920

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

LOUIS F. HARVEY, JR.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reappointing)

4-1-02

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 **PRESIDENT, VICE-PRES., SEC.**
NAME **LOUIS F. HARVEY, JR.**
STREET ADDRESS **2380 HICKEY CREEK RD.**
CITY-ST-ZIP **ALVA, FL 33920**

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 #

4-1-02

941-936-8039

CR2E034B (12/01)