2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **P95000056467** 1. Entity Name FRANKLY FRANK INCORPORATED 03-20-2000 90100 022 ***150.00 Malling Address Principal Place of Business 8017 SE VILLA CIRCLE 8017 SE VILLA CIRCLE HOBE SOUND FL 33455 HOBE SOUND FL 33455-2044 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Cityl& State 4. FEI Number Applied For City & State 65-0601921 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BENCIVENGA, FRANK Street Address (P.O. Box Number is Not Acceptable) 8017 SE VILLA CIRCLE **HOBE SOUND FL 33455** City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE ☐ Change TITLE BENCIVENGA, FRANK NAME STREET ADDRESS 8017 S.E. VILLA CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Dekite TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS

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 it changed, or on an attachment with an address, with all other like empowered. my name appears in Block 11 or Block 12 if

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SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED