

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90334 001 ***150.00

DOCUMENT # P96000008589

1. Entity Name

FRANK PLACE ASSOCIATES, INC.

Principal Place of Business

**10501 6 MILE CYPRESS PKWY
 SUITE 105
 FORT MYERS FL 33912
 US**

Mailing Address

**10501 6 MILE CYPRESS PKWY
 SUITE 105
 FORT MYERS FL 33912
 US**

2. Principal Place of Business

12995 S. CLEVELAND AVE.

3. Mailing Address

12995 S. CLEVELAND AVE.

Suite, Apt. #, etc.

STE PBS-45

Suite, Apt. #, etc.

STE PBS-45

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

Zip

33907

Country

Zip

33907

Country

6. Name and Address of Current Registered Agent

**PLACE, FRANK M JR.
 10501 SIX MILE CYPRESS PKWY, #105
 FT MYERS FL 33912**

7. Name and Address of New Registered Agent

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, 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 **D** ☐ Delete
 NAME **PLACE, FRANK M JR.**
 STREET ADDRESS **10501 6 MILE CYPRESS PKWY., STE. 105**
 CITY-ST-ZIP **FORT MYERS FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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

Frank M. Place Jr. **FRANK M. PLACE JR** **2/13/01** **941-278-1421**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #