

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067377

1. Entity Name
FRM SERVICES, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90050 015 ***150.00

Principal Place of Business

5452 CRENSHAW STREET
TAMPA FL 33634

Mailing Address

5452 CRENSHAW STREET
TAMPA FL 33634

818086



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2900 JEFF MYERS CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

2900 JEFF MYERS CIRCLE
Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

59-3413660

Applied For

Not Applicable

Zip

34240

Country

U.S.A.

Zip

34240

Country

U.S.A.

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

MANNO, FRANK R
2900 JEFF MYERS CIRCLE
SARASOTA FL 34240

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNO, FRANK R 2900 JEFF MYERS CIRCLE SARASOTA FL 34240	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNO, LAVERNE R 2900 JEFF MYERS CIRCLE SARASOTA FL 34240	<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

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

FRANK R. MANNO

3-19-01

Date

(813) 889-7676

Daytime Phone #

CR2E034 (10/00)