

**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 16, 2000 8:00 a**  
**Secretary of State**

03-16-2000 90099 020 \*\*\*150.00

**DOCUMENT # P96000080336**  
 Entity Name  
**FRANIE ANN, INC.**

Principal Place of Business Mailing Address  
 PLACE PO BOX 767  
 FL 33511 BRANDON FL 33509-0767

Principal Place of Business 3. Mailing Address  
 110 Ware BLVD Suite, Apt. #, etc.  
 Suite 708  
 City & State  
 Tampa, FL

City & State 4. FEI Number 59-3403700 Applied For  
 Not Applicable  
 33619 - Country USA Zip Country  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**KRAMER, JACK G ESQ**  
**101 AMERICAN CENTER PLACE**  
**TAMPA FL 33619**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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

1. Corporation is eligible to satisfy its Intangible  
 filing requirement and elects to do so.  
 See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

**OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

ADDRESS	ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P		<input type="checkbox"/>		SIMON, RONALD L	PO BOX 767	BRANDON FL 33509	<input type="checkbox"/>	<input type="checkbox"/>
T		<input type="checkbox"/>		SIMON, STEPHANIE A	PO BOX 767	BRANDON FL 33509	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

I 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 provided 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 required, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Ronald Simon* **Ronald Simon** **2/6/00** **813-273-8798**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)