## **2003 FOR PROFIT CORPORATION**

## **FILED** Mar 12, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) **DOCUMENT#** P97000000457 1. Entity Name 03-12-2003 90129 049 \*\*\*150.00 FRANCIS ENTERPRISES INC. Principal Place of Business Mailing Address 3665 EAST BAY DRIVE 501 W. GLENOAKS BLVD #204-206 LARGO FL 33771 GLENDALE CA 91202 2. Principal Place of Business 3. Mailing Address 3665 E. BAY DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES # 2*04 -*206 City & State City & State 4. FEI Number Applied For LARBO, FL 59-3432368 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERRY, STEVEN Street Address (P.O. Box Number is Not Acceptable) 1611 CLEVELAND ST. CLEARWATER FL 33755 City 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** 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. Election Campaign Financing After May 1, 2003: Fee will be \$550.00 **\$5.00** May Be Make Check Payable to Florida Department of State Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE **Change** ■ Addition NAME FRANCIS, JOSEPH S FRANCIS, JOSEPH S 3665 E. BAY DR. # 204-206 NAME STREET ADDRESS 501 W. GLENOAKS BLVD. #821 STREET ADDRESS CITY-ST-ZIP **GLENDALE CA 91202** CITY-ST-ZIP CARGOIFC 33771 TITLE ☐ Delete TITLE VICE - PREJIDENT ☐ Change Addition NAME NAME RUSE FRANCIS STREET ADDRESS 3665 E. BAY DR. #204-206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAR60 , FL . 3 3771 titli E ∵⊟∵Dēlētē TITLE 📶 'Chāngē Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

MARCH 6,2003

818-292-0451

☐ Change

☐ Addition