

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049958

1. Entity Name

FRANKLIN ROSS, INC.

FILED

Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90189 003 \*\*\*150.00

Principal Place of Business

210 N. UNIVERSITY DR  
STE 800  
CORAL SPRINGS FL 33071  
US

Mailing Address

210 N. UNIVERSITY DR  
STE 800  
CORAL SPRINGS FL 33071  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Ste 705

Suite, Apt. #, etc.

Ste 705

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0772236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUSS, MARK G  
210 N UNIVERSITY DR  
STE 800  
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

ROSS, MARK G -

Street Address (P.O. Box Number is Not Acceptable)

210 N University Dr Ste 705

City

Coral Sp

FL

Zip Code

33071

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P ROSS, MARK G 210 N. UNIVERSITY DR CORAL SPRINGS FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

4/16/01

Daytime Phone #

954-757-7000

CR2E034 (10/00)

952598



DO NOT WRITE IN THIS SPACE