

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90072 047 \*\*\*150.00

DOCUMENT # 97000056272

1. Entity Name

FRANKIES FOODS INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2773 BEE RIDGE RD.

Suite, Apt. #, etc.

3. Mailing Address

2773 BEE RIDGE RD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL.

City & State

SARASOTA FL.

4. FEI Number

65-0765090

Applied For

Not Applicable

Zip

34239

Country

U.S.

Zip

34239

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MOORE JOHN L.

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

200 S. ORANGE AVE

City

SARASOTA

FL

Zip Code

34236

**DO NOT WRITE  
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P.  
FRANK FELIX  
3900 S. LOCKWOOD RIDGE RD - 8  
SARASOTA FL. 34231

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V.  
STEVEN PALKA  
17940 GULF BLVD - 108  
ST. PETERSBURG FL. 33708

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 26/2002 941-921-3200