

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

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90067 008 ***550.00

DOCUMENT # 137000056272

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

17940 GULF BLVD

Suite, Apt. #, etc.

10B.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FLORIDA

City & State

REDINGTON SHORES FL.

4. FEI Number

65-076-5090

Applied For

Not Applicable

Zip

34239

Country

USA

Zip

33708

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN MOORE

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

200 SOUTH 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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STEVEN PALKA
17940 GULF BLVD 10B.
REDINGTON SHORES FL. 33708

TITLE
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12. 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 10 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 #

Sept 9/2003 941-9213200

CR2E034B (12/02)