

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

DOCUMENT # P97000103823

1. Entity Name

FRANKLIN PENN, INC.

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90816 048 ***550.00

DO NOT WRITE IN THIS SPACE

B0126901

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2. Principal Place of Business

2781 Oakbrook Manor

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Zip

33332

Country
USA

Zip

Country

4. FEI Number

65-0800302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Gene K Glasser

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

2021 Tyler Street

City
Hollywood

FL

Zip Code
33020

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 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
Director
Joann Gould
2781 Oakbrook Manor
Weston, FL 33332

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Vice President
Marc F. Gould
2781 Oakbrook Manor
Weston, FL 33332

TITLE
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CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Marc F. Gould

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC F. GOULD

6/24/02

Date

Daytime Phone #

CR2E034B (12/01)