

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90019 029 ***150.00

DOCUMENT # P98000013998

1. Entity Name
FRENCH & ASSOCIATES, INC.

Principal Place of Business

~~5525 N MILITARY TR~~
~~SUITE 1316~~
~~BOCA RATON FL 33496~~

Mailing Address

~~5525 N MILITARY TR~~
~~SUITE 1316~~
~~BOCA RATON FL 33496~~



2. Principal Place of Business

5108 Brittany Dr. So.

Suite, Apt. #, etc.

#107

City & State

St. Petersburg, FL

Zip

33715

Country

USA

3. Mailing Address

5108 Brittany Dr. So.

Suite, Apt. #, etc.

#107

City & State

St. Petersburg, FL

Zip

33715

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3496240

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75**

Additional Fee Required

6. Name and Address of Current Registered Agent

FRENCH, GORDON S
~~5525 N MILITARY TRAIL~~
~~APT 1316~~
~~BOCA RATON FL 33496~~

5108 Brittany Dr. So.

#107

St. Petersburg, FL 33715

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

Gordon S. French

03-13-02

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, 2002 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 **D** ☐ Delete
NAME **FRENCH, GORDON S**
STREET ADDRESS **5525 N MILITARY TRAIL, APT 1316**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Delete
NAME *French, Gordon S.*
STREET ADDRESS *5108 Brittany Dr. So. #107*
CITY-ST-ZIP *St. Petersburg, FL 33715*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

Gordon S. French *727-864-0202*

03-13-02 Date

Daytime Phone #

CR2E034 (9/01)