## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Sep 21, 2001 8:00 am Secretary of State **DOCUMENT #** P98000033414 1. Entity Name FRANKLIN CAPITAL INVESTMENTS, INC. 09-21-2001 90004 015 \*\*\*550.00 Principal Place of Business Mailing Address 24309 WELDON DRIVE 24309 WELDON DRIVE EUSTIS FL 32736 EUSTIS FL 32736 2. Principal Place of Business 3. Mailing Address AZY B LANG 36530 LAZ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State State 4. FEI Number Applied For 59-3403340 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Richard PEARCE, RICHARD J 24309 WELDON DRIVE ANE **EUSTIS FL 32736** 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. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE (2/01)PEARCE PEARCE, RICHARD J NAME 36530 LAZY B LANE 300 NORTH PARK AVENUE, SUITE 200 STREET ADDRESS STREET ADDRESS. CR2E034 WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP aTITIE-Delete --TITLE-Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

☐ Delete

NAME

STREET ADDRESS

SIGNATURE:

TITLE

NAME

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.

STREET ADDRESS

FILED

Change

☐ Addition

483-33/3