

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90094 040 \*\*\*550.00

**DOCUMENT # P98000034879**

1. Entity Name  
**FRANKLIN RESOURCE SYSTEMS, INC.**

Principal Place of Business

**PMB 419  
 5824 BEE RIDLE RD  
 SARASOTA FL 34233**

Mailing Address

**PMB 419  
 5824 BEE RIDLE RD  
 SARASOTA FL 34233**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0828802**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARNETT, JAMES M  
 6621 SUPERIOR AVE.  
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name **Lila Beychok-Boyer**  
 Street Address (P.O. Box Number is Not Acceptable) **5824 Bee Ridge Rd. PMB 419**  
 City **Sarasota** FL **34233**

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 *Lila Beychok-Boyer*  
 Signature, typed or printed name of registered agent and title if applicable.

*Lila Beychok-Boyer*  
 (NOTE: when reinstating)

**9/12/02**  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **DP BEYCHOK**  
 STREET ADDRESS **BOYER-BECHOK, LILA M**  
 CITY-ST-ZIP **4812 EDMONT CT**  
**SARASOTA FL 34233-2267**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

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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:** *Lila Beychok-Boyer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)