

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90077 033 ***150.00

DOCUMENT # P98000053273

1. Entity Name
FRAN FINANCIAL SERVICES, INC.

| | |
|---|--|
| Principal Place of Business 2502 ROCKY POINT DR., STE. 660 TAMPA FL 33607 | Mailing Address 2502 ROCKY POINT DR., STE. 660 TAMPA FL 33607-1445 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|----------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number APPLIED FOR | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | |

| | | | | | |
|--|--|--|--|--|-----------------------------|
| 6. Name and Address of Current Registered Agent BEDORE, ROBERT J 13694 EAGLES WALK DR. CLEARWATER FL 33762 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name COHRS, DENIS A. | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 2841 EXECUTIVE DRIVE, SUITE 120 | | |
| | | | City CLEARWATER | | FL Zip Code 33762 |

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 **Denis A. Cohrs** **3/29/00**
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. <input type="checkbox"/> <small>(See criteria on back)</small> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|---------------------------------|----------------------------------|---|-----------------------------------|--|
| TITLE P | <input type="checkbox"/> Delete | TITLE BEDORE, ROBERT J | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | NAME | | | |
| STREET ADDRESS 2502 ROCKPOINT DR STE 660 | | STREET ADDRESS | | | |
| CITY-ST-ZIP TAMPA FL 33607 | | CITY-ST-ZIP | | | |
| TITLE VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME GORDON, KEN | | NAME | | | |
| STREET ADDRESS 2502 ROCKY POINT DR STE 660 | | STREET ADDRESS | | | |
| CITY-ST-ZIP TAMPA FL 33607 | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | 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: **ROBERT J. BEDORE** **4/15/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)