

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000072557**



1. Entity Name
FRANBO, INC.

Principal Place of Business
PO BOX 3639
WINTER HAVEN FL 33885-3639

Mailing Address
PO BOX 3639
WINTER HAVEN FL 33885-3639

2. Principal Place of Business

6656 PRINCETON DR. NE

3. Mailing Address

Suite, Apt. #, etc.

City & State

WINTER HAVEN FL

City & State

Zip
33881

Country
POLK

Zip

Country

4. FEI Number

59-3527780

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BORCHGREVINK, VALDEMAR
2925 E. LAKE HARTRIDGE DR.
WINTER HAVEN FL 33881**

Name
BORCHGREVINK, VALDEMAR

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

6656 PRINCETON DR. NE

City
WINTER HAVEN

FL
33881

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
BORCHGREVINK, FRANCES R
2925 E. LAKE HARTRIDGE DR.
WINTER HAVEN FL 33881**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
BORCHGREVINK, FRANCES R
6656 PRINCETON DR. NE
WINTER HAVEN FL 33881**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
BORCHGREVINK, VALDEMAR
2925 E. LAKE HARTRIDGE DR.
WINTER HAVEN FL 33881**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
BORCHGREVINK, VALDEMAR
6656 PRINCETON DR. NE
WINTER HAVEN FL 33881**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frances R. Borchgrevink* SIGNATURE REQUIRED
Frances R. Borchgrevink, FRANCES R. BORCHGREVINK 4/25/03 863-224-1080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Apr 28, 2003 8:00 am
Secretary of State**

04-28-2003 91421 007 ***150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)