

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077399

1. Entity Name
610 FRANKLIN, INC.

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90031 049 ***150.00

Principal Place of Business
601 NORTH ASHELY DR., SUITE 1200
TAMPA FL 33602

Mailing Address
601 NORTH ASHELY DR., SUITE 1200
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
610 Franklin Inc
Suite, Apt. #, etc.
610 Franklin St
City & State
Tampa FL
Zip
33602 Country
USA

3. Mailing Address
601 N Ashley Dr
Suite, Apt. #, etc.
Ste 1200
City & State
Tampa FL
Zip
33602 Country
USA

4. FEI Number 59-3532553 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
STRASKE, STEPHEN B II
101 E. KENNEDY BLVD. SUITE 3700
TAMPA FL 33602

7. Name and Address of New Registered Agent
Name Greg Hughes
Street Address (P.O. Box Number is Not Applicable)
601 N Ashley Dr
12th FL
City Tampa FL Zip Code 33602

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 DATE 4/20/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDS	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, GREGORY L		NAME	Hughes, Greg	
STREET ADDRESS	220 E MADISON ST #1200		STREET ADDRESS	601 N. Ashley Dr. Ste 1200	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	Tampa FL 33602	
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		
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: President DATE 4/23/01 813-225-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

CR2E034 (10/00)