

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088118

1. Entity Name

FRANK FLORIMONTE, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90052 034 ***150.00

Principal Place of Business

Mailing Address

12 ALMOND TRAIL LANE
OCALA FL 34472-9002

12 ALMOND TRAIL LANE
OCALA FL 34472-9002

2. Principal Place of Business

3. Mailing Address

4720 NW 80th CT

4720 NW 80th CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

59-3537723

Applied For

Not Applicable

Zip

34482

Country

USA

Zip

34482

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIMONTE, FRANK
12 ALMOND TRAIL LANE
OCALA FL 34472-9002

Name

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

4720 NW 80th CT

City

OCALA

FL

Zip Code

34482

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

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. ☐
(See criteria on back)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
FLORIMONTE, FRANK
12 ALMOND TRAIL LANE
OCALA FL 34472-9002 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4720 NW 80th CT
OCALA FL 34482 ☒ 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

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

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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0952801

CR2E034 (10/00)