

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-17-2001 90052 034 ***150.00

0952801

DOCUMENT # P98000088118

1. Entity Name
FRANK FLORIMONTE, INC.

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

Country

34482 USA

Zip

Country

34482 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 Delete
PST FLORIMONTE, FRANK
 STREET ADDRESS **12 ALMOND TRAIL LANE**
 CITY-ST-ZIP **OCALA FL 34472-9002**

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

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
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TITLE NAME Change Addition
 STREET ADDRESS
 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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)