

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90876 023 ***150.00

DOCUMENT # *P98000088118*

1. Entity Name *FRANK FLORIMONTE INC.*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *4820 NW 80TH CT*

3. Mailing Address *4820 NW 80TH CT*

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

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City & State *OCALA FL*

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4. FEI Number *593537723*

Applied For
Not Applicable

Zip *34482* Country *MARION*

Zip *34482* Country *MARION*

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

7. Name and Address of Current Registered Agent

Name *FRANK FLORIMONTE*

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

4820 NW 80TH CT

City *OCALA* FL Zip Code *34482*

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE *4/30/02*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT FRANK FLORIMONTE 4820 NW 80TH CT OCALA FL 34482</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowerers.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/30/02* Daytime Phone # *352-369-5800*

CR2E034B (12/01)