

2000 UNIFORM BUSINESS REPORT (UBR)

Pg. 1042

FILED

00 APR 25 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000016991

1. Entity Name

FRAN-WELLIN, INC.

Principal Place of Business

6744 ENTRADA PLACE
BOCA RATON FL 33433

Mailing Address

6744 ENTRADA PLACE
BOCA RATON FL 33433-2741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0865245

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOODY, WILLIAM F
6744 ENTRADA PLACE
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2000 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

TITLE	D, P	<input type="checkbox"/> Delete
NAME	FOODY, WILLIAM F	
STREET ADDRESS	6744 ENTRADA PLACE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D, VP	<input type="checkbox"/> Delete
NAME	FOODY, BETTINA	
STREET ADDRESS	6744 ENTRADA PLACE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOODY, JOSEPH	
STREET ADDRESS	6744 ENTRADA PLACE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ADD President TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ADD VP 700003229807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor Kerro Atty in Fact 4/21/00 561-995-0064

Date

Daytime Phone #

CR05024 10/00

☒ Yes, I wish to participate in the Guaranteed Corporation Annual Report Program.

Or

☐ No, I do not wish to participate and I will assume responsibility for the timely filing and payment of this annual report.

Special Power of Attorney

I, W. Foody, President of Fran-Wellin, Inc., hereby grant to my Agent, Victor Lerro of Victor Lerro & Company PA the right to prepare and sign in the signature area the Florida Department of State Profit Corporation Annual Report on behalf of Fran-Wellin, Inc... This Power of Attorney shall become effective immediately, and shall continue until revoked by me in writing.

W. Foody
Signature
W. Foody
Printed name

Pres
Title

11/89
Date