

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024477

1. Entity Name

FRANCHISE DIRECT, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91099 006 ***150.00

Principal Place of Business

120 S. OLIVE AVENUE
SUITE 403
WEST PALM BEACH FL 33401

Mailing Address

120 S. OLIVE AVENUE
SUITE 403
WEST PALM BEACH FL 33401

00044743

2. Principal Place of Business

224 Datura Street

Suite, Apt. #, etc.

1100

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Address

224 Datura Street

Suite, Apt. #, etc.

1100

City & State

West Palm Beach, FL

Zip

33401

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0899898

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENDALL, ANN
670 BELLA VISTA COURT SOUTH
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name

KENDALL, ANN

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

825 PARKWAY STREET

SUITE 31

City

JUPITER

FL

Zip Code

33477

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

ANN KENDALL

Ann Kendall April 19, 2001

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

TITLE	D	<input type="checkbox"/> Delete
NAME	VAILATI, JOHN	
STREET ADDRESS	120 S. OLIVE AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAILATI, JOHN	
STREET ADDRESS	224 Datura Street	
CITY-ST-ZIP	STE: 1100 W.P.B., FL	
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		
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

Jan 3, 2001 561 833-9442

Date

Daytime Phone #

CR2E034 (10/00)