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2002 UNIFORM BUSINESS REPORT (UBR)

Jan 15, 2002 8:00 am P99000056345 DOCUMENT # Secretary of State 1. Entity Name 01-15-2002 90065 029 ***150.00 GREG FRANKLIN CONSTRUCTION, INC. Principal Place of Business Mailing Address 528 BENJULYN RD 528 RENJULYN RD CANTONMENT FL 32533 CANTONMENT FL 32533 2. Principal Place of Business 3. Mailing Address 514 BENJULYN 514 BENJULYN Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3600997 CANTONMENT, Not Applicable CANTONNENT \$8.75 Additional Country Country 5. Certificate of Status Desired USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRANKLIN ROBERT GREGORY FRANKLIN, ROBERT GREGORY Street Address (P.O. Box Number is Not Acceptable) 528 BENJULYN RD. **CANTONMENT FL 32533** CANTONMENT event for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this OBERT GREGORY ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT Change ☐ Addition □ Delete TITLE TITLE FRANKLIN, ROBERT G. FRANKLIN, ROBERT G NAME NAME 514 BENJULYN RD **528 BENJULY ROAD** STREET ADDRESS STREET ADDRESS CANTONMENT FL 32533 CITY-ST-ZIP CANTONNENT, FL 32533 CITY-ST-ZIP Change Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this firing 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 the same 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 trusfee employeered 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:

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR