

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064631

1. Entity Name

FRANKLY, INC.

Principal Place of Business

1750 A1A SOUTH STE.B
ST. AUGUSTINE FL 32084

Mailing Address

1750 A1A SOUTH STE.B
ST. AUGUSTINE FL 32084-5519

2. Principal Place of Business

2041 E.F. GRIFFIN RD.

Suite, Apt. #, etc.

3. Mailing Address

2041 E.F. GRIFFIN RD.

Suite, Apt. #, etc.

City & State

BARTOW, FLORIDA

City & State

BARTOW, FLORIDA

Zip

33830-9730

Country

U.S.A.

Zip

33830-9730

Country

U.S.A.

4. FEI Number

59-3596610

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONNER, ROBIN H ESQ.
BEDSOLE & CONNER, 1750 A1A SO., STE.B
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

FRANK M. ANDREWS III

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

2041 E.F. GRIFFIN ROAD

City

BARTOW,

FL

Zip Code

33830-9730

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**
NAME **ANDREWS, FRANK**
STREET ADDRESS **2041 E.F. GRIFFIN RD.**
CITY-ST-ZIP **BARTOW FL 33830**

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90115 024 ***150.00



DO NOT WRITE IN THIS SPACE

03-20-2000 90115 024 ***150.00