


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92208 023 ***150.00

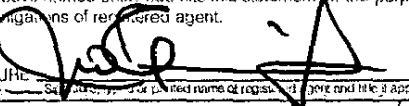
DOCUMENT # P02000000146	
1. Entity Name FRANAN CONSULTING, INC.	

DO NOT WRITE IN THIS SPACE

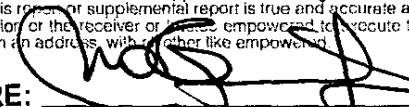
2. Principal Place of Business 15500 DE HAVILLAND CT		3. Mailing Address 15500 DE HAVILLAND CT.	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State WEST PALM BEACH, FL.		City & State WEST PALM BEACH, FL.	
Zip 33414-8338	Country USA	Zip 33414-8338	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0944094		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name NANCY A. GRYGIEL		
	Street Address (P.O. Box Number is Not Acceptable) 15500 DE HAVILLAND CT.		
City WEST PALM BEACH, FL.		FL	Zip Code 33414

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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	NANCY A. GRYGIEL, DIRECTOR	04-23-2003
<div style="display: flex; justify-content: space-between;"> <div> January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>		

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/ PRESIDENT NANCY A. GRYGIEL 15500 DE HAVILLAND CT. WEST PALM BEACH, FL. 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with or without other like empowered.			
SIGNATURE: 	NANCY A. GRYGIEL	04-23-2003	561-795-3802
<div style="display: flex; justify-content: space-between;"> <div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div> <div>Date</div> <div>Device Phone #</div> </div>			

CR2E0348 (12/02)