## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000094613 Jul 17, 2000 8:00 am **Secretary of State** FRANCO'S STAIR, CO., INC. 07-17-2000 90073 027 \*\*\*550.00 Mailing Address Principal Place of Business 2101 STARKEY ROAD 2101 STARKEY ROAD LARGO FL 33771-5340 LARGO FL 33771 NUUUINUU 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 5936/08/2 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Rubaii, Jawdet I Street Address (P.O. Box Number is Not Acceptable) 1358 SOUTH MISSOURI AVENUE CLEARWATER FL 33756 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, lyped or printer 9. This corporation is eligible to satisfy its Intai FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME FRANCO, GREGORY J NAME STREET ADDRESS STREET ADDRESS 2101 STARKEY ROAD CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33771 ☐ Delete ☐ Change ☐ Addition TITLE TITLE chery I hacognet NAME NAME STREET ADDRESS STREET ADDRESS 74 wood book CITY-ST-ZIP CITY-ST-ZIP Largo 23770 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME in geason STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE Cheryl Lacogna NAME NAME STREET ADDRESS STREET ADDRESS 1079 Woodbrook Dr.S CITY-ST-ZIP CITY-ST-ZIP argo, 71.33770 ☐ Addition Change TITLE eatuser ☐ Delete TITLE ames Seasor 3th way NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

7-2-0

1275239787

Date

Daytime Phone #