2000 UNIFORM BUSINE^S REPORT (UBR)

DOCUMENT # P99000099047

1. Entity Name

FRANKIE'S RIBS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 21 AM 10:06

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
950 N COLLIER BLVD STE 201 MARCO ISLAND FL 34145	950 N COLLIER BLVD STE 201 MARCO ISLAND FL 34145-2716

2. Principal Place of Business	3. Mailing Address
247 N. Collier Blvd	247 N. Collier Blvd.
Suite, Apt. #, etc.: 202	Suite, Apt. #, etc.: 202
City & State: Marco Island, FL	City & State: Marco Island, FL
Zip: 34145 Country:	Zip: 34145 Country:

4. FEI Number: 65-0960320 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~KRAMER, FREDERICK C~~
~~950 N COLLIER BLVD STE 201~~
~~MARCO ISLAND FL 34145~~

7. Name and Address of New Registered Agent

Name: William G Morris Esq
Street Address (P.O. Box Number is Not Acceptable): 247 N. Collier Blvd. Suite 202
City: Marco Island FL Zip Code: 34145

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	NAME / STREET ADDRESS / CITY-ST-ZIP	
P	Frank R. Ortiz 511 S. Heathwood Drive Marco Island FL 34145	☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
5/22/00 90019 003 150.00	☐ Change	☐ Addition

AD

CR2E034 (9/99)

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 #