

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90014 050 \*\*\*150.00

**DOCUMENT # F98000002240**

1. Entity Name

**FREDERICK INVESTMENT CORPORATION**

Principal Place of Business

Mailing Address

16 E. ROWAN ST., STE 402  
 RALEIGH NC 27609

16 E. ROWAN ST., STE 402  
 RALEIGH NC 27609-5754

**710751**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-1139260**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TROPICAL DIVERSIONS YACHT SERVICES, INC.**  
**3512 NORTH OCEAN DRIVE**  
**HOLLYWOOD FL 33019**

Name

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

City

**FL**

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.

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 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | DP                       | <input type="checkbox"/> Delete |
| NAME           | MARSHALL, GEORGE F       |                                 |
| STREET ADDRESS | 16 E. ROWAN ST., STE 402 |                                 |
| CITY-ST-ZIP    | RALEIGH NC 27609         |                                 |
| TITLE          | DSV                      | <input type="checkbox"/> Delete |
| NAME           | PETRI, JENNY C           |                                 |
| STREET ADDRESS | 16 E. ROWAN ST., STE 402 |                                 |
| CITY-ST-ZIP    | RALEIGH NC 27609         |                                 |
| TITLE          | AS                       | <input type="checkbox"/> Delete |
| NAME           | BRADSHAW, HOYT S         |                                 |
| STREET ADDRESS | 16 E. ROWAN ST., STE 402 |                                 |
| CITY-ST-ZIP    | RALEIGH NC 27609         |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

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|----------------|--|--|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> |
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| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> |
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| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| 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 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SECRETARY ASSISTANT**

1/18/2000 (919) 787-424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #