

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90120 012 ***150.00

DOCUMENT # J15981

1. Entity Name

BLAINE A. FRITZ, CERTIFIED PUBLIC ACCOUNTANT, P.

Principal Place of Business

50 NORTHCLIFF DR.
 GULF BREEZE FL 32561
 US

Mailing Address

PO BOX 580
 GULF BREEZE FL 32562
 US

2. Principal Place of Business

1012 Panteris
 Pensacola Bch

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola Bch

City & State

Zip

FL

Country

?

Zip

32561

Country

4. FEI Number

59-2652193

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRITZ, BLAINE
 50 NORTH CLIFF DR.
 GULF BREEZE FL 32561

Name

Blaine Fritz

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

1012 Panteris Dr

City

Pensacola Bch

FL

Zip Code

32561

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	FRITZ, BLAINE	50 NORTHCLIFF DR.	GULF BREEZE FL	<input type="checkbox"/>
ST	FRITZ, BLAINE	50 NORTHCLIFF DR.	GULF BREEZE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	Blaine Fritz	1012 Panteris	Pensacola Bch, FL 32561	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST	Blaine Fritz	1012 Panteris	Pensacola Bch, FL 32561	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Blaine Fritz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-01

Date

Daytime Phone #

CR2E034 (10/00)