

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

1/17

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-17-2003 90034 028 ***150.00

DOCUMENT # P02000070055



1. Entity Name
F.R. ASSOCIATES, INC.

Principal Place of Business
**631 PALM SPRINGS DRIVE
SUITE 116
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**631 PALM SPRINGS DRIVE
SUITE 116
ALTAMONTE SPRINGS FL 32701**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0413624

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAY, CHARLES M
631 PALM SPRINGS DRIVE
SUITE 116
ALTAMONTE SPRINGS FL 32701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition

TITLE **PD**
NAME **RIPPE, DAVID J MD**
STREET ADDRESS **631 PALM SPRINGS DRIVE SUITE 116**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD**
NAME **MAY, CHARLES M**
STREET ADDRESS **631 PALM SPRINGS DRIVE SUITE 116**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD**
NAME **FARLEY, TIMOTHY E MD**
STREET ADDRESS **631 PALM SPRINGS DRIVE SUITE 116**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE
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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, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)