

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90470 043 ***150.00

DOCUMENT # P92000006388

1. Entity Name

AGGRESSIVE INVESTMENT AND PROPERTY MANAGEMENT, I

Principal Place of Business

Mailing Address

2950 NORTH BEACH ROAD
 UNIT A334 - A-324 not 334
 ENGLEWOOD FL 34223

2950 NORTH BEACH ROAD
 UNIT A334
 ENGLEWOOD FL 34223-9002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A324

A324

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0371748**

Applied For

Not Applicable

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

FRAZIER, ROBERT C
2950 NORTH BEACH ROAD
UNIT A334
ENGLEWOOD FL 34223

Name

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

UNIT A324

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
AND MAY 11, 2001 FEE WILL BE \$50.00
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	PCD FRAZIER, ROBERT C 2950 N BEACH ROAD UNIT A334 ENGLEWOOD FL 34223	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FRAZIER, KATHLEEN M 2950 N BEACH ROAD UNIT A334 ENGLEWOOD FL 34223	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Unit A324	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Unit A324	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *Robert C. Frazier* **Robert C. Frazier** **4-23-01** **1-800-3673762**

CR2E034 (9/99)