

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014072

1. Entity Name

STEVE FRALEY, INC.

Principal Place of Business

3526 TRILLIUM CT
TALLAHASSEE FL 32312
US

Mailing Address

P O BOX 13981
TALLAHASSEE FL 32317-3981
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FRALEY, STEVE
3526 TRILLIUM CT
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

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 Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	☒ Delete
NAME	FRALEY, STEVE	
STREET ADDRESS	426 E. 6TH AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	STEVE FRALEY	
STREET ADDRESS	3526 TRILLIUM CT	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	V.P.	☐ Change ☒ Addition
NAME	CHARLES FRALEY	
STREET ADDRESS	4309 GRAND POINTE PLACE	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2000

Date

850-878-1474

Daytime Phone #

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90066 002 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3362714

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

CR2E034 (9/99)