

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90973 001 ***150.00
 03-29-2001 90973 002 *****8.75

DOCUMENT # 232060

1. Entity Name

FRITH ABSTRACT & TITLE COMPANY

Principal Place of Business

**501 N BYRON BUTLER PKWY
 P.O. BOX 515
 PERRY FL 32347
 US**

Mailing Address

**P.O. BOX 515
 PERRY FL 32347
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0933151

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

**FRITH JR, D L
 501 N BYRON BUTLER PKWY
 PERRY FL 32347**

Name **KAY E. ROWELL**

Street Address (P.O. Box Number is Not Acceptable)
501 N BYRON BUTLER PARKWAY

City **PERRY**

FL

Zip Code
32347

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

KAY E. ROWELL

3-9-2001

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 **PD** ☒ Delete
 NAME **FRITH, D.L. JR.**
 STREET ADDRESS **501 N BYRON BUTLER PKWY**
 CITY-ST-ZIP **PERRY FL**

TITLE **ST** ☒ Delete
 NAME **FRITH, VIOLET C.**
 STREET ADDRESS **501 N BYRON BUTLER PKWY**
 CITY-ST-ZIP **PERRY FL**

TITLE **V** ☐ Delete
 NAME **FRITH, RICHARD D.**
 STREET ADDRESS **501 N BYRON BUTLER PKWY**
 CITY-ST-ZIP **PERRY FL**

TITLE **V** ☐ Delete
 NAME **ROWELL, KAY E.**
 STREET ADDRESS **501 N BYRON BUTLER PKWY**
 CITY-ST-ZIP **PERRY FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **PRESIDENT, DIRECTOR** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VICE-PRESIDENT, DIRECTOR** ☐ Change ☒ Addition
 NAME **SECRETARY**
 STREET ADDRESS **VICKI M MOSLEY**
 CITY-ST-ZIP **1825 E LANDRY RD PERRY, FL 32347**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)