

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90138 009 ***150.00

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

P O Box 515

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Perry FL

Zip

Country

Zip

Country

32348

USA

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

ROWELL, KAY E

501 N BYRON BUTLER PKWY

PERRY FL 32347

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, 2002 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 **V** ☐ Delete
NAME **FRITH, RICHARD D.**
STREET ADDRESS **501 N BYRON BUTLER PKWY**
CITY-ST-ZIP **PERRY FL 32347**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **ROWELL, KAY E.**
STREET ADDRESS **501 N BYRON BUTLER PKWY**
CITY-ST-ZIP **PERRY FL 32347**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPDS** ☐ Delete
NAME **MOSLEY, VICKI M**
STREET ADDRESS **1825 E LANDRY RD**
CITY-ST-ZIP **PERRY FL 32347**

TITLE **V/S/D** ☒ Change ☐ Addition
NAME **Mosley Vicki M**
STREET ADDRESS **1825 E Landry Rd**
CITY-ST-ZIP **Perry FL 32348**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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: Vicki M Mosley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02

Date

850-584-2672

Daytime Phone #

CR2E034 (9/01)