

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 274044

1. Entity Name

FREMONT AND COMPANY

Principal Place of Business

62 RAVENWOOD DRIVE
PORT ORANGE FL 32119
US

Mailing Address

62 RAVENWOOD DRIVE
PORT ORANGE FL 32119-4037

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 59-1026988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREMONT, ROBERT W
62 RAVENWOOD DR.
PORT ORANGE FL 32019

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FREMONT, ROBERT W	
STREET ADDRESS	62 RAVENWOOD DR	
CITY-ST-ZIP	PORT ORANGE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREMONT, PAUL D.	
STREET ADDRESS	557 NEWTON RD.	
CITY-ST-ZIP	PORT ORANGE, FL 00000	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FREMONT, EVELYN	
STREET ADDRESS	62 RAVENWOOD DR	
CITY-ST-ZIP	PORT ORANGE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREMONT-MOORE, ELANA I.	
STREET ADDRESS	62 RAVENWOOD DR	
CITY-ST-ZIP	PORT ORANGE, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREMONT-MOORE, ELANA I.	
STREET ADDRESS	523 FREEMAN STREET	
CITY-ST-ZIP	LONGWOOD, FL. 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert W. Fremont* ROBERT W. FREMONT P/D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/01 (904) 761 1602

Date Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90054 030 ***150.00

700161



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)