

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90045 042 \*\*\*150.00

**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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1026988**

Applied For  
Not Applicable

Zip  
**32129**

Country

Zip  
**32129**

Country

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

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
FREMONT, ROBERT W  
62 RAVENWOOD DR  
PORT ORANGE, FL 00000** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PORT ORANGE, FL. 32129** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FREMONT, PAUL D.  
557 NEWTON RD.  
PORT ORANGE, FL 00000** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PORT ORANGE, FL. 32127** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
FREMONT, EVELYN  
62 RAVENWOOD DR  
PORT ORANGE, FL 00000** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PORT ORANGE, FL. 32129** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FREMONT-MOORE, ELANA I.  
523 FREEMAN ST  
LONGWOOD FL 32750** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PORT ORANGE, FL. 32129** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FREMONT, ROBERT W.  
628 SHERWOOD DRIVE  
ALTAMONTE SPRINGS, FL 32701** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ALTAMONTE SPRINGS, FL. 32701** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FREMONT, ROBERT W.  
628 SHERWOOD DRIVE  
ALTAMONTE SPRINGS, FL 32701** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ALTAMONTE SPRINGS, FL. 32701** ☐ 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 another like empowered.

SIGNATURE: Robert W. Fremont  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/2002 (386) 7611602  
Date Daytime Phone #

CR2E034 (9/01)