

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 360443

1. Entity Name

FREDERICK ELECTRONICS, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90151 009 ***150.00

Principal Place of Business

626 AVENUE O S W
WINTER HAVEN FL 33880

Mailing Address

P.O. BOX 7650
WINTER HAVEN FL 33883-7650

C0012442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2 Oakwood Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Haven FL

City & State

4. FEI Number

59-1290951

Applied For

Not Applicable

Zip

33880

Country

USA

Zip

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

FREDERICK, JAMES E
626 AVE O SW
WINTER HAVEN FL 33880

Name

Street Address (P.O. Box Number is Not Acceptable)

1 Oakwood Road

City

Winter Haven

FL

Zip Code

33880

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input type="checkbox"/> Delete
NAME	FREDERICK, BARBARA	
STREET ADDRESS	626 AVE O SW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	FREDERICK, JAMES E JR	
STREET ADDRESS	626 AVE O SW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BURNS, SUSAN	
STREET ADDRESS	626 AVENUE O SW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Susan Burns Susan Burns

1/22/01

863-294-3156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)