

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # 439572**1. Entity Name
FROY, INC.

Principal Place of Business	Mailing Address
14480 62ND ST N	P O BOX 6025
CLEARWATER FL 33760 US	CLEARWATER FL 33758 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
59-1494189

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCLEAD KAREN S
14480 62ND STREET NORTH

CLEARWATER FL 33760 US

7. Name and Address of New Registered Agent

Name
MCLEAD KAREN S
Street Address (P.O. Box Number is Not Acceptable)
14480 62ND ST. N.

City
CLEARWATER FL Zip Code
33760

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 _____ **04/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VCOO	<input type="checkbox"/> Delete
NAME	EISCH, JAMES P	
STREET ADDRESS	14480 62ND ST N	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	THOMAS, JOHN	
STREET ADDRESS	14480 62ND ST N	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCLEAD KAREN S	
STREET ADDRESS	14480 62ND ST., NO.	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	C	<input type="checkbox"/> Delete
NAME	THOMAS, FRED A.	
STREET ADDRESS	14480 62ND ST., NO.	
CITY-ST-ZIP	CLEARWATER FL 33760	
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	VCOO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISCH JAMES P	
STREET ADDRESS	14480 62ND ST. N.	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS JOHN C	
STREET ADDRESS	14480 62ND ST. N.	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAD KAREN S	
STREET ADDRESS	14480 62ND ST. N.	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS FRED A	
STREET ADDRESS	14480 62ND ST. N.	
CITY-ST-ZIP	CLEARWATER FL 33760	
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: KAREN S. MCLEAD

S

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)