

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 612906

1. Entity Name

CHARLIE FRYMYER PAVING, INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90609 001 ***450.00

Principal Place of Business

201 NW 20TH AVENUE
FT LAUDERDALE FL 33311
US

Mailing Address

201 NW 20TH AVENUE
FT LAUDERDALE FL 33311
US

26092



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 **59-1886792**

Applied For

Not Applicable

Zip

Country

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

FRIONA, PHILIP
8225 SUNRISE LAKES BLVD BLDG 38
APT #311
SURISE FL 3332

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD
NAME FRIONA, PHILIP SR. ☒ Delete
STREET ADDRESS 8225 SURISE LAKES BLVD BLDG 38 APT #311
CITY-ST-ZIP SURISE FL 33332

TITLE PSD
NAME Friona, Philip Sr. ☒ Change ☐ Addition
STREET ADDRESS 8225 Sunrise Lakes Blvd- Bldg 38- Apt 311
CITY-ST-ZIP Sunrise, FL 33332

TITLE P
NAME SPINA, ARTHUR JR. ☒ Delete
STREET ADDRESS 7614 BEECHWOOD CIRCLE
CITY-ST-ZIP NIAGARA FALLS NY 14304

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

TITLE D
NAME RUPERTI, SHERRY ☐ Delete
STREET ADDRESS 201 NW 20TH AVENUE
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE VP.T.D
NAME Ruperti, Sherry ☒ Change ☐ Addition
STREET ADDRESS 201 NW 20 Ave
CITY-ST-ZIP Fort Lauderdale, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 all other like empowered.

SIGNATURE: *Philip Friona Sr. Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-01

Date

Daytime Phone #

CR2E034 (10/00)