

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90050 040 \*\*\*158.75

**DOCUMENT # 612906**

1. Entity Name  
**CHARLIE FRYMYER PAVING, INC.**



Principal Place of Business  
**201 NW 20TH AVENUE  
FT LAUDERDALE FL 33311  
US**

Mailing Address  
**201 NW 20TH AVENUE  
FT LAUDERDALE FL 33311  
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

**59-1886792**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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  
SUNRISE FL 3332**

Name

**Friona, Philip SR.**

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

**2603 NW 103 Ave., Bldg 190**

**Apt 108**

City

**Sunrise FL 33322**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Philip Friona Sr. PHILIP FRIONA Sr.**

**1-6-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete  
NAME **FRIONA, PHILIP SR**  
STREET ADDRESS **8225 SUNRISE LAKES BLVD BLDG 38 APT #311**  
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **PSD** ☒ Change ☐ Addition  
NAME **Friona, Philip Sr.**  
STREET ADDRESS **2603 NW 103 Ave, Bldg 190, Apt 108**  
CITY-ST-ZIP **Sunrise FL 33322**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Philip Friona Sr. PHILIP FRIONA Sr.**

**1-6-03**

**954-522-5680**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)