

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739983

1. Entity Name

FRICTION, INCORPORATED

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90081 026 ****61.25

Principal Place of Business

1093 MARGARET DR
DAYTONA BEACH FL 32114

Mailing Address

1093 MARGARET DR
DAYTONA BEACH FL 32114-1726

2. Principal Place of Business

559 DR. MM BETHUNE BL

3. Mailing Address

1093 MARGARET DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

4. FEI Number

59-2205866

Applied For

Not Applicable

Zip

Country

32114 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

BUTLER, PAT A
1093 MARGARET DR
DAYTONA BEACH FL 32114

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

Pat Butler

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PS
NAME BUTLER, PAT
STREET ADDRESS 1093 MARGARET DR
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

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

TITLE V
NAME BELLE, DELORES
STREET ADDRESS 1093 MARGARET DR
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

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

TITLE D
NAME WHITE, DOROTHA
STREET ADDRESS 1412 CADILAC DR.
CITY-ST-ZIP DAYTONA BEACH FL ☐ Delete

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

TITLE D
NAME MITCHELL, MARGO
STREET ADDRESS 314 ORANGE AVE
CITY-ST-ZIP DELAND FL ☐ Delete

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

TITLE D
NAME WILLIAMS, DIANE
STREET ADDRESS 1029 IMPERIAL DR.
CITY-ST-ZIP DAYTONA BEACH FL ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 617, 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:

Pat Butler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2000 904-255-1040
Date Daytime Phone #

CR2E037 (9/99)