

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90230 008 \*\*\*\*61.25

0006243

**DOCUMENT # 739983**

1. Entity Name

**FRICTION, INCORPORATED**

Principal Place of Business

559 DR MM BETHUNE BL  
 3  
 DAYTONA BEACH FL 32114

Mailing Address

1093 MARGARET DR  
 DAYTONA BEACH FL 32114

**00050443**



DO NOT WRITE IN THIS SPACE

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

DAYTONA BEACH, FLA

Zip

32114

Country

USA

Zip

32117

Country

USA

4. FEI Number

59-2205866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

BUTLER, PAT A  
 1093 MARGARET DR  
 DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

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

**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

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

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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 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 A Butler*

April 30, 2001

904-255-7070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)