

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91148 046 ****61.25

DOCUMENT # 739983

1. Entity Name

Friction, Incorporated

DO NOT WRITE IN THIS SPACE

000103

2. Principal Place of Business

559 DR MM BETHUNE BLVD

Suite, Apt. #, etc.

2

City & State

DAYTONA BEACH, FL

Zip

32114

Country

3. Mailing Address

559 DR MM BETHUNE BLVD

Suite, Apt. #, etc.

2

City & State

DAYTONA Bch, FL

Zip

32114

Country

4. FEI Number

59-2205866

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

PATRICIA BUTLER

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

559 DR. MM BETHUNE BLVD
4

City

DAYTONA Bch FL

Zip Code

32114

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

NA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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 P/O
NAME PATRICIA BUTLER
STREET ADDRESS 559 DR. MM BETHUNE BLVD
CITY-ST-ZIP DAYTONA BEACH 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE O
NAME MARGO GORDON
STREET ADDRESS 314 S. ORANGE AVE
CITY-ST-ZIP DAYTONA Bch, FL 32120

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/O
NAME DELORES BELLE
STREET ADDRESS 1043 MARGARET DR
CITY-ST-ZIP DAYTONA Bch, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE O
NAME DIANE WMS
STREET ADDRESS 1029 IMPERIAL
CITY-ST-ZIP DAYTONA BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/O
NAME DOT WHITE
STREET ADDRESS 1019 CADILLAC
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA BUTLER Patricia Butler 4290 386-255-704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)