

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

0337762

DOCUMENT # F74546

1. Entity Name
FRED'S AMUSEMENTS, INC.

05-01-2001 90078 047 ***150.00

Principal Place of Business *to Fred C Thumberg* Mailing Address *to Fred C Thumberg*
C/O FRED A. THUMBERG II **C/O FRED A. THUMBERG II**
2705 FAIRWAY VIEW DRIVE **2705 FAIRWAY VIEW DRIVE**
VALRICO FL 33594 **VALRICO FL 33594**

042769



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2182790		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
EDDY, ROBERT K. 808 W DELEON ST TAMPA FL 33602				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

-9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	THUMBERG, MARY J			NAME	<i>Fred C Thumberg</i>		
STREET ADDRESS	2705 FAIRWAY VIEW DR			STREET ADDRESS	<i>2705 FAIRWAY VIEW DR</i>		
CITY-ST-ZIP	VALRICO, FL 00000			CITY-ST-ZIP	<i>VALRICO, FL 33594</i>		
TITLE	DVP	<input checked="" type="checkbox"/> Delete		TITLE	<i>D SEC TREAS</i>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THUMBERG, FRED A II			NAME	<i>MARY JANE THUMBERG</i>		
STREET ADDRESS	8225 NUNDY AVENUE			STREET ADDRESS	<i>2705 FAIRWAY VIEW DR</i>		
CITY-ST-ZIP	GIBSONTON FL			CITY-ST-ZIP	<i>VALRICO, FL 33594</i>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 persons empowered.

SIGNATURE: *Fred C Thumberg* Date: *4/25/01* Daytime Phone #: *813 689 2739*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)