FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 22, 2001 8:00 am Secretary of State DOCUMENT # F9300001437 JOHN S. FRYBERGER INC. 01-22-2001 90015 024 ***150.00 Principal Place of Business Mailing Address 19670 BEACH RD 19670 BEACH RD #314 #314 JUPITER FL 33469 JUPITER FL 33469 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 73-1157734 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required -- -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRYBERGER, JOHN Street Address (P.O. Box Number is Not Acceptable) 19670 BEACH RD #314 JUPITER FL 33469 Zip Code City FL 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition CR2E034 (10/00) TITLE Delete TITLE NAME NAME FRYBERGER, JOHN S STREET ADDRESS STREET ADDRESS 19670 BEACH RD #314 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33469 Change ☐ Addition ☐ Delete TITLE NAME FRYBERGER, JUDY NAME STREET ADDRESS STREET ADDRESS 19670 BEACH RD #314 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33469 Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 experience 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 attackment with an address, with all other like empowered.