

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # G72448**

1. Entity Name

**FREDERICK INSURANCE AGENCY, INC.**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90088 014 \*\*\*150.00

Principal Place of Business 4111 METRIC DR STE 3 WINTER PARK FL 32792 US	Mailing Address 4111 METRIC DR STE 3 WINTER PARK FL 32792-6829 US
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2. Principal Place of Business 3921 CALIBRE BEND LN Suite, Apt. #, etc. APT 505 City & State WINTER PARK FL	3. Mailing Address 3921 CALIBRE BEND LN Suite, Apt. #, etc. APT 505 City & State WINTER PARK FL
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Zip 32792	Country ORANGE	Zip 32792	Country ORANGE
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2346721</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**FREDERICK, FRANK J.**  
**ONE PURLEAU PLACE, STE 249**  
**WINTER PARK FL 32792**

**7. Name and Address of New Registered Agent**

Name: **FREDERICK, FRANK J**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3921 CALIBRE BEND LN APT 505**  
 City: **WINTER PARK** **FL** Zip Code: **32792**

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 *Frank J. Frederick* **FRANK J FREDERICK, PRESIDENT** 1/13/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DAY

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREDERICK, FRANK J. 4111 METRIC DR, STE 3 WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FREDERICK, CAROLE 4111 METRIC DR STE 3 WINTER PARK, FL 00000 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREDERICK, FRANK J 3921 CALIBRE BEND LN APT 505 WINTER PARK FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FREDERICK, CAROLE 3921 CALIBRE BEND LN APT 505 WINTER PARK FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or other like empowered.

SIGNATURE: *Frank J. Frederick* **FRANK J FREDERICK, PRESIDENT** 01/13/00 407-673-1586  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)