FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State H15219 DOCUMENT # 1. Entity Name 04-17-2002 90033 042 ***150.00 CRAIG FRIELER, INC. Principal Place of Business Mailing Address 1511-43RD-ST-WEST 1511 43RD ST WEST. BRADENTON FL 34209 34208 BRADENTON FL 24200 34208 315 43RO St. BLUD. NE. 315 4300 St. BLUD N.E. 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-245 1935 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRIELER, ATHENA 315 43RO St. BLVD. N.E. Street Address (P.O. Box Number is Not Acceptable) 1511 43RD ST-WEST 34208 BRADENTON FL 34209 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) **DPST** ☐ Delete ☐ Addition TITLE TITLE FRIELER, ATHENA C NAME NAME 315 43ROST. BLONE. 1511-43RD ST WEST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP 34208 CITY-ST-ZIP TITLE VP ☐ Delete TITLE ☐ Change ☐ Addition NAME FRIELER, CRAIG A 1511 43RD 3T WEST 315 - 43 ROST. BLVD. N. E. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34209 TITLE - - Detete - -TITLE - ------ Change _ 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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 file empowered.