

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90141 027 ***163.75

DOCUMENT # H20249

1. Entity Name

FRESCO GROUP, INC.

Principal Place of Business

**6260 ARC WAY
 FT. MYERS FL 33912**

Mailing Address

**6260 ARC WAY
 FT. MYERS FL 33912**

00042847



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2444763**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MYERS, LYNN B
 7129 S BRENTWOOD RD
 FT. MYERS FL 33919**

Name
(Same)

Street Address (P.O. Box Number is Not Acceptable)
3537 Knollwood Rd.

City **Ft. Myers**

Zip Code
33919

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

Lynn B. Myers, Pres.

4-21-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

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. ☒

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **BIERY, P. FRED**
 STREET ADDRESS **3537 KNOLLWOOD RD.**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE **~~XXXX~~ VTD** ☒ Change ☐ Addition:
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **BIERY, KAYE K.**
 STREET ADDRESS **3537 KNOLLWOOD RD.**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ Change ☐ Addition:
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☒ Delete
 NAME **MYERS, SCOTT D.**
 STREET ADDRESS **7129 SO. BRENTWOOD RD.**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ Change ☐ Addition:
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VTD** ☐ Delete
 NAME **MYERS, LYNN B.**
 STREET ADDRESS **7129 SO. BRENTWOOD RD.**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE **PSD** ☒ Change ☐ Addition:
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition:
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition:
 NAME
 STREET ADDRESS
 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 another like empowered.

SIGNATURE:

Lynn B. Myers, Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)