

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 18, 2002 8:00 am
Secretary of State

06-18-2002 90484 049 ***550.00

DOCUMENT # H37307

1. Entity Name

FROEMMING ENTERPRISES INC. (S)

DO NOT WRITE IN THIS SPACE

869301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5518 EDGEWATER DR.
Suite, Apt. #, etc.

3. Mailing Address
5518 EDGEWATER DR.
Suite, Apt. #, etc.

City & State
ORLANDO FL
Zip
32810
Country
USA

City & State
ORLANDO FL
Zip
32810
Country
USA

4. FEI Number
59-2522920
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
GREG FROEMMING
Street Address (P.O. Box Number is Not Acceptable)
5518 EDGEWATER DR.
City
ORLANDO FL Zip Code
32810

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

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | P FROEMMING, GREG 4009 WHITE HERON DR. ORLANDO FL 32803 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V/S/T FROEMMING, JEFFREY 1400 SABAL LAKE DR. APT. 102 LONGWOOD FL 32719 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Jeffrey Froemming 06/06/02 107-293-8010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #