

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90074 014 ***150.00

DOCUMENT # H87648

1. Entity Name
GENE FRY AUCTION AND MARKETING, INC.



Principal Place of Business
**9130 AIRWAY DRIVE 1601 EAGLE DR
PENSACOLA FL 32514 CANTONMENT FL 32532**

Mailing Address
**711-A W GARDEN ST
PENSACOLA FL 32501**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Bass & Sandfort Accountants, PA
1301 W. Garden Street
Pensacola FL 32501-4504**

☐ CHECK HERE IF MAKING CHANGES

City & State

Number **59-2737448**

Applied For
Not Applicable

Zip

Country

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

**BASS & SANDFORT ACCOUNTANTS
127 E. ZARAGOZA STREET
SUITE 206
PENSACOLA FL 32501**

Name
Street **Bass & Sandfort Accountants, PA
1301 W. Garden Street
Pensacola FL 32501-4504**
City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PD
FRY, GENE** ☐ Delete
STREET ADDRESS **9130 AIRWAY DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32514**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03

Date

850-384-5393

Daytime Phone #

CR2E034 (10/02)