

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H88906

1. Entity Name

CHARLES H. FROST, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90106 036 ***150.00

Principal Place of Business

Mailing Address

2413 BAYSHORE BLVD
SUITE 1203
TAMPA FL 33629

2413 BAYSHORE BLVD
SUITE 1203
TAMPA FL 33629-8901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2612129

Applied For

Not Applicable

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

FROST, CHARLES H.

2413 BAYSHORE BLVD. #1203
TAMPA FL 33629

Name

Street Address (P.O. Box)

CHARLES H. FROST
3501 BAYSHORE BLVD, #1010
TAMPA, FL 33629-8901

City

FL

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME FROST, CHARLES H.
STREET ADDRESS 2413 BAYSHORE BLV #1203 as nbrz
CITY-ST-ZIP TAMPA FL 33629

TITLE STD ☐ Delete
NAME FROST, MARGUERITE
STREET ADDRESS 2413 BAYSHORE BLV #1203 as abn
CITY-ST-ZIP TAMPA FL 33629

TITLE VD ☐ Delete
NAME RICK, DIANE F
STREET ADDRESS 2413 BAYSHORE BLVD. #1203 as abn
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition
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 an officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/8/00 813-839-5436