

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90671 007 ***150.00

0494365 AV

DOCUMENT # J14974

1. Entity Name

R. FRY BUILDERS, INC.

Principal Place of Business

**3239 JUANITA BLVD
 CAPE CORAL FL 33993
 US**

Mailing Address

**3239 JUANITA BLVD
 CAPE CORAL FL 33993
 US**

2. Principal Place of Business

923 Del Prado Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

#203

Suite, Apt. #, etc.

1

City & State

CAPE CORAL, FL.

City & State

1

Zip

33990

Country

Lee

Zip

33990

Country

US

4. FEI Number

59-2705359

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CATZ, ROCHELLE Z
 6361 PRESIDENTIAL CT
 SUITE A
 FT. MYERS FL 33919**

7. Name and Address of New Registered Agent

Name

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

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, 2002 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

TITLE **DP** ☐ Delete
 NAME **FRY, RANDY A.**
 STREET ADDRESS **3239 JUANITA BLVD**
 CITY-ST-ZIP **CAPE CORAL FL 33993**

TITLE **DST** ☐ Delete
 NAME **FRY, CONNIE D.**
 STREET ADDRESS **3239 JUANITA BLVD**
 CITY-ST-ZIP **CAPE CORAL FL 33993**

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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 all other like empowered.

SIGNATURE:

Connie D. Fry
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/02 772-2666

CR2E034 (9/01)