

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90658 010 ***150.00

DOCUMENT # J14974

1. Entity Name
R. FRY BUILDERS, INC.



Principal Place of Business
**923 DEL PRADO BLVD.
CAPE CORAL FL 33990
US**

Mailing Address
**923 DEL PRADO BLVD.
CAPE CORAL FL 33990
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

City & State

4. FEI Number **59-2705359**

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**FRY Randy A
11 SW 6th Street
Cape Coral Fl. 33991** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Fry Connie D.
11 SW 6th Street
Cape Coral Fl. 33991** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03 239-772-2666

Date

Daytime Phone #

CR2E034 (10/02)