

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90120 012 ***150.00

DOCUMENT # J15981

1. Entity Name

BLAINE A. FRITZ, CERTIFIED PUBLIC ACCOUNTANT, P.

Principal Place of Business

50 NORTHCLIFF DR.
GULF BREEZE FL 32561
US

Mailing Address

PO BOX 580
GULF BREEZE FL 32562
US

2. Principal Place of Business

1012 Panteris

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pensacola FL

Zip

Country

Zip

Country

FL

?

32561

4. FEI Number 59-2652193

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

FRITZ, BLAINE
50 NORTH CLIFF DR.
GULF BREEZE FL 32561

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, 2001 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
NAME FRITZ, BLAINE
STREET ADDRESS 50 NORTHCLIFF DR.
CITY-ST-ZIP GULF BREEZE FL

TITLE PD
NAME Blaine Fritz
STREET ADDRESS 1012 Panteris
CITY-ST-ZIP Pensacola Bch, FL 32561

TITLE ST
NAME FRITZ, BLAINE
STREET ADDRESS 50 NORTHCLIFF DR.
CITY-ST-ZIP GULF BREEZE FL

TITLE ST
NAME Blaine Fritz
STREET ADDRESS 1012 Panteris
CITY-ST-ZIP Pensacola Bch, FL 32561

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)