

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90130 019 ***150.00

DOCUMENT # J16162

1. Entity Name

FRY & OLENICK, P.A.

Principal Place of Business

Mailing Address

3501 SW CORPORATE PKWY
 PALM CITY FL 34990
 US

3501 SW CORPORATE PKWY
 PALM CITY FL 34990-8150
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

154 S.E. WELLS DR.

3. Mailing Address

154 S.E. WELLS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SMART, FL.

City & State

SMART, FL.

4. FEI Number **59-2692431**

Applied For
 Not Applicable

Zip

34996

Country

USA

Zip

34996

Country

USA

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

FRY, STEPHEN
3501 SW CORPORATE PKWY
PALM CITY FL 34990

Name

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

154 S.E. WELLS DR.

City

SMART

FL

Zip Code

34996

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

3/12/00

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	DP	<input type="checkbox"/> Delete
NAME	FRY, STEPHEN	
STREET ADDRESS	3501 SW CORPORATE PKWY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	OLENICK, MICHAEL H.	
STREET ADDRESS	3501 SW CORPORATE PKWY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN FRY

Date

3/12/00

Daytime Phone #

561 630 6110

CR2E034 (9/99)