

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90100 043 ***150.00

DOCUMENT # J54678

1. Entity Name
GARY FRITZ CONTRACTING, INC.



Principal Place of Business
**3318 RUTLAND LOOP
TALLAHASSEE FL 32312
US**

Mailing Address
**P. O. BOX 4247
TALLAHASSEE FL 32315
US**



2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2757724**

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

**FRITZ, GARY
3318 RUTLAND LOOP
TALLAHASSEE FL 32312**

Name **N/A**
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 **N/A**
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	D	<input type="checkbox"/> Delete
NAME	FRITZ, GARY	
STREET ADDRESS	3318 RUTLAND LOOP	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D PEASE - FRITZ	<input type="checkbox"/> Delete
NAME	PEASE, MARTHA J.	
STREET ADDRESS	3318 RUTLAND LOOP	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SPIVEY, M. LEE	
STREET ADDRESS	2302 DOMINGO DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCONNELL, TERRANCE	
STREET ADDRESS	ARROW TR.	
CITY-ST-ZIP	HAVANA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date **4-28-03** Daytime Phone # **(850) 222-2111**

CR2E034 (10/02)