

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K28257**

1. Entity Name  
**C. J. FRAZIER ENTERPRISES, INC.**

Principal Place of Business  
**531 W UNION ST  
JACKSONVILLE FL 32202**

Mailing Address  
**531 W UNION ST  
JACKSONVILLE FL 32202**

2. Principal Place of Business  
**2180 Kings Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**2180 Kings Rd**  
Suite, Apt. #, etc.

City & State  
**Jacksonville FL**  
Zip  
**32209** Country  
**USA**

City & State  
**Jacksonville, FL**  
Zip  
**32209** Country  
**USA**

4. FEI Number **59-2896517**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**KING, TORRENCE**  
**531 W UNION ST**  
**JACKSONVILLE FL 32202**

Name

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

City

**FL**

Zip Code

## 7. Name and Address of New Registered Agent

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]*

(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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
**PST**  
NAME  
**KING, TORRENCE**  
STREET ADDRESS  
**531 W UNION ST**  
CITY-ST-ZIP  
**JACKSONVILLE FL 32202**

☐ Delete

**2180 Kings Rd**  
**Jacksonville, FL**  
**32209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

**REINSTATEMENT**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

**000004740840-6**  
**-12/27/01--01028--010**  
**\*\*\*750.00 \*\*\*750.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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]*

**10-10-01 (904) 356-7141**

FILED  
01 NOV 29 AM 8:38  
SECRETARY OF STATE  
FLORIDA

DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)