

2002 UNIFORM BUSINESS REPORT (UBR)

10736

0002203

DOCUMENT # L00000010736

1. Entity Name
FRATES & SMITH, P.L.C.

FILED

02 NOV -8 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**101 EAST KENNEDY BOULEVARD, SUITE 1800
TAMPA FL 33602**

Mailing Address
**101 EAST KENNEDY BOULEVARD, SUITE 1800
TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

Applied For

59-3671671

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALISH, WILLIAM ESQ.

KALISH & WARD, P.A.

101 EAST KENNEDY BOULEVARD, SUITE 4100

TAMPA FL 33602

Name

Same

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

100 S. Ashley Dr. #1500

City

Tampa

FL

Zip Code

33602

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 \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WILLIAM S. FRATES, II, P.A.
3418 OCEAN DRIVE
VERO BEACH FL 32963** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**600008374396--7
-10/15/02--01048--005
***150.00 ***150.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SMITH & FULLER, P.A.
101 EAST KENNEDY BOULEVARD SUITE 1800
TAMPA FL 33602** ☐ Delete

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CITY-ST-ZIP
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/9/02 813/221-7171

Date

Daytime Phone #

CR2E083 (4/02)

REINSTATEMENT

2002

11/12/02