

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L65072

1. Entity Name

TWO LITTLE FRISHES, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90082 030 ***150.00

Principal Place of Business
864 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33415
US

Mailing Address
864 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33415-1318
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0199399

Applied For
Not Applied

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

FOSTER, JOHN FENN
501 S FLAGLER DR
SUITE 305
WEST PALM BEACH FL 33401

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

Mollie W. Frish

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-00

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

TITLE D
NAME FRISH, MOLLIE WRIGHT
STREET ADDRESS 5631 SEAPINE RD
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE D
NAME FRISH, JOHN DAVID
STREET ADDRESS 5631 SEAPINE RD
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP ☐ Change ☐ Add

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Nothing all is correct

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:

Mollie W. Frish

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-19-00 561/683-9200

Daytime Phone #