

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M 71394

1. Entity Name

FRIDELL CHIMNEY SERVICES, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90103 018 ***150.00

001549

Principal Place of Business
4650 Empire Ave.
Jax, FL 32207
US

Mailing Address
444 3rd St.
Neptune Beach, FL 32266
US

2. Principal Place of Business

3. Mailing Address
444 Third Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
Neptune Beach, FL

4. FEI Number
59-2873328

Applied For
Not Applicable

Zip

Country

Zip
32266

Country
U.S.A.

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

Hould, Stephen A.
444 3rd Street
Neptune Beach, FL 32266

Name

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

City
Neptune Beach

FL Zip Code
32266

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

Stephen A. Hould

STEPHEN A. HOULD

May 16, 2000

Signature, typed or printed name of registered agent and title if applicable.

(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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Fridell, Ronald L.
4650 Empire Ave.
Jacksonville, FL 32207

☐ Delete

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

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☐ 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: RONALD L. FRIDELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald L. Fridell

5-1500

Date

904 725 7762

Daytime Phone #

CR2E034 (9/99)