

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90222 010 ***150.00

DOCUMENT # M99236

1. Entity Name
FRONTIER PRODUCTS, INC.



Principal Place of Business

% ALFRED M. KROPAT
829 N.W. 6TH AVE.
DANIA FL 33004

Mailing Address

% ALFRED M. KROPAT
829 N.W. 6TH AVE.
DANIA FL 33004

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0078293**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GRAHAM, CYNTHIA
7012 SW 18 CT
FORT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name

ALFRED M. KROPAT

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

829 NW 6 AVE

DANIA FL 33004

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 *Alfred M. Kropat*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/03

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

TITLE **S** ☒ Delete
NAME **GRAHAM, CYNTHIA**
STREET ADDRESS **8012 NE 10 STREET**
CITY-ST-ZIP **PLANTATION FL 33332**

TITLE **D** ☐ Delete
NAME **KROPAT, ALFRED M.**
STREET ADDRESS **829 N.W. 6TH AVE.**
CITY-ST-ZIP **DANIA FL**

TITLE **VP** ☒ Delete
NAME **KROPAT, DONNA L**
STREET ADDRESS **829 NW 6TH AVE**
CITY-ST-ZIP **DANIA FL**

TITLE **PT** ☐ Delete
NAME **KROPAT, DEBORAH S**
STREET ADDRESS **829 NW 6TH AVE**
CITY-ST-ZIP **DANIA FL 33004**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

Alfred M. Kropat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

Date

Daytime Phone #

CR2E034 (10/02)