

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR -7 PM 4:00

DOCUMENT # **P00000005698**

1. Entity Name

FRIER ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8820 S.W. S.R. 200

Suite, Apt. #, etc.

3. Mailing Address

750 BAHIA CIRCLE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OCALA, FLORIDA

City & State

OCALA, FLORIDA

4. FEI Number

59-3620520

Applied For

Not Applicable

Zip

Country

34481-9613

Zip

Country

34472-2637

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

FRIER, KENNETH E.

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

750 BAHIA CIRCLE

City

OCALA

FL

Zip Code

34472-2637

DO NOT WRITE IN THIS SPACE

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, 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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	PRESIDENT
NAME	FRIER, KATHLEEN F.
STREET ADDRESS	750 BAHIA CIRCLE
CITY - ST - ZIP	OCALA, FL 34472-2637
TITLE	TREASURER
NAME	FRIER, KENNETH E.
STREET ADDRESS	750 BAHIA CIRCLE
CITY - ST - ZIP	OCALA, FL 34472-2637
TITLE	SECRETARY
NAME	STANTON, ANGELA S.
STREET ADDRESS	6163 N.W. 61ST STREET
CITY - ST - ZIP	OCALA, FL 34482-8442
TITLE	
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DO NOT WRITE IN THIS SPACE

AD

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH E. FRIER

02/22/02 - 352-854-1178
Date
Corporate Phone #

CR2E034B (12/01)