

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90278 033 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** P00000010605

1. Entity Name

Sandra K. Fredrick, P.A.

Principal Place of Business

Mailing Address

425 N. Highland Avenue
 Orlando, FL 32801

768516

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3621083

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Sandra K. Fredrick
 425 N. Highland Avenue
 Orlando, FL 32801

Name

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

City

FL

Zip Code

8. This 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) ☐

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORSTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

Director
 Sandra K. Fredrick
 425 N. Highland Ave
 Orlando, FL 32801

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

Continuing Phone #

CR25034 (11/00)