

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90306 026 \*\*\*150.00

**DOCUMENT # P00000088642**

1. Entity Name  
**FRED R. NIEDRICH SALES, INC.**

Principal Place of Business

511 HARBOR GATEWAY  
 SARASOTA FL 34228

Mailing Address

511 HARBOR GATEWAY  
 SARASOTA FL 34228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**15 Paradise Plaza**  
 Suite, Apt. #, etc.  
**# 299**

3. Mailing Address

**15 Paradise Plaza**  
 Suite, Apt. #, etc.  
**# 299**

City & State

**Sarasota, FL**

City & State

**Sarasota, FL**

4. FEI Number

**65-1063124**

Applied For

Not Applicable

Zip Country  
**34239-6905 USA**

Country

Zip Country  
**34239-6905 USA**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MYERS, TROY H JR.**  
**C/O ICARD, MERRILL, ET. AL**  
**2033 MAIN STREET - SUITE 600**  
**SARASOTA FL 34237**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>NIEDRICH, FRED R</b>	
STREET ADDRESS	<b>511 HARBOR GATEWAY</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34228</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Niedrich, Fred R.</b>	
STREET ADDRESS	<b>531 Harbor Cay Dr.</b>	
CITY-ST-ZIP	<b>Longboat Key, FL 34228</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Fred R. Niedrich **Fred R. Niedrich** **4-11-02** **(941) 650-8080**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)