

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90138 020 ***150.00

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DOCUMENT # P00000097469

1. Entity Name
FRED'S WAREHOUSE, INC.



Principal Place of Business
**2309 INDUSTRIAL BLVD
SARASOTA FL 34234**

Mailing Address
**2309 INDUSTRIAL BLVD
SARASOTA FL 34234**



2. Principal Place of Business
3800 N. Washington Blvd

3. Mailing Address
3800 N. Washington Blvd.

Suite, Apt. #, etc.
Unit B.

Suite, Apt. #, etc.
Unit B.

CHECK HERE IF MAKING CHANGES

City & State
Sarasota FL.

City & State
Sarasota, Fl.

4. FEI Number **65-1070965**

Applied For
Not Applicable

Zip **34234** Country **Sarasota**

Zip **34234** Country **Sarasota**

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

6. Name and Address of Current Registered Agent

**PACHECO, FRED
5151 N SHADE AVE
SARASOTA FL 34234**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alfred Pacheco*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACHECO, FRED 5151 N SHADE AVE SARASOTA FL 34234	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Pacheco* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03

Date

Daytime Phone #

CR2E034 (10/02)