

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-19-2001 90488 027 ***150.00

DOCUMENT # P00000113101

1. Entity Name
FRAZIER TRUCKING SERVICE, INC.

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| Principal Place of Business 4548 LAKE VISTA DR SARASOTA FL 34233 | Mailing Address 4548 LAKE VISTA DR SARASOTA FL 34233 |
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00000174



DO NOT WRITE IN THIS SPACE

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. 217 NATURES WAY | 3. Mailing Address Suite, Apt. #, etc. 217 NATURES WAY |
|---|---|

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|--------------------------------------|--------------------------------------|
| City & State NORTHPORT, FL | City & State NORTHPORT, FL |
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| 4. FEI Number 65-1066451 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---------------------|---------------------|---------------------|---------|---|
| Zip 34287 | Country S | Zip 34287 | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|---------------------|---------------------|---------------------|---------|---|

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| 6. Name and Address of Current Registered Agent FRAZIER, CHARLES 4548 LAKE VISTA DR SARASOTA FL 34233 | 7. Name and Address of New Registered Agent Name (SAME) Street Address (P.O. Box Number is Not Acceptable) 217 NATURES WAY City NORTHPORT FL Zip Code 34287 |
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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 *Charles Frazier* DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back) | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT FRAZIER, CHARLES 4548 LAKE VISTA DR SARASOTA FL 34233 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 217 NATURES WAY NORTHPORT, FL 34287 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Charles Frazier* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)