

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90081 003 \*\*\*150.00

**DOCUMENT # P00000115014**

1. Entity Name  
**FRAZIER & FRAZIER ROOFING, INC.**

Principal Place of Business  
**17110 NE 20TH AVE., #2**  
**MIAMI FL 33162**

Mailing Address  
**17110 NE 20TH AVE., #2**  
**MIAMI FL 33162**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**328 NW 84th ter**  
 Suite, Apt. #, etc.

3. Mailing Address  
**328 NW 84th ter**  
 Suite, Apt. #, etc.

City & State  
**Miami FL**  
 Zip  
**33150**

City & State  
**Miami FL 3315**  
 Zip  
**33150**

4. FEI Number **65-1068465**  
 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FRAZIER, TAVARES N**  
**17110 NE 20TH AVE., #2**  
**MIAMI FL 33162**

**7. Name and Address of New Registered Agent**

Name **Tavares N. Frazier**  
 Street Address (P.O. Box Number is Not Acceptable)  
**328 NW 84th ter**  
 City **Miami** FL Zip Code **33150**

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 *Tavares N. Frazier*  
 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) ☐

**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 2001**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FRAZIER, TAVARES N 17110 NE 20TH AVE., #2 MIAMI FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FRAZIER, LAWRENCE J 17110 NE 20TH AVE., #2 MIAMI FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Tavares N. Frazier*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/19/02*

Date

Daytime Phone #

*305 986-6013*

CR2E034 (9/01)