

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

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90137 007 \*\*\*150.00

DOCUMENT # P01000023616 ✓

1. Entity Name

Frontrunner Enterprises Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11231 North U.S. Hwy 1 #276

3. Mailing Address

11231 North U.S. Hwy 1 #276

Suite, Apt. #, etc.

#276

Suite, Apt. #, etc.

#276

City & State

North Palm Beach, FL

City & State

North Palm Beach, FL

Zip

33408

Country

USA

Zip

33408

Country

USA

4. FEI Number

30-000-1695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Matthew G. Veltre

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

1801 S. U.S. 1 #5B

City

Jupiter

FL

Zip Code

33477

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

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE President / Director (P+D)  
NAME Matthew G. Veltre  
STREET ADDRESS 1801 S. U.S. 1 #5B  
CITY-ST-ZIP Jupiter, FL 33477

TITLE Director (D)  
NAME Donald W. Lovejoy  
STREET ADDRESS 1315 S. Flagler  
CITY-ST-ZIP West Palm Beach, FL 33401

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Matthew Veltre  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-02 561-758-0377  
Date Daytime Phone #

CR2E034B (12/01)