

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000025817

1. Entity Name

JEANNE FRASER SALES, INC.

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90140 040 \*\*\*150.00

92886



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 12400 LAKE VALLEY DR.  
 CLERMONT FL 34711-6712

Mailing Address  
 12400 LAKE VALLEY DR.  
 CLERMONT FL 34711-6712

2. Principal Place of Business  
 4079 GREYSTONE DR.  
 Suite, Apt. #, etc.

3. Mailing Address  
 4079 GREYSTONE DR.  
 Suite, Apt. #, etc.

City & State  
 CLERMONT, FL 34711  
 Zip  
 34711 Country  
 US

City & State  
 CLERMONT, FL  
 Zip  
 34711 Country  
 US

4. FEI Number  
 59-3710675

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, CHARLES R. L ESQ.  
 725 NORTH A1A, STE. E-102  
 JUPITER FL 33477

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

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

(NOTE: Registered Agent signature required when resigning)

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D FRASER, JEANNE M  
 12400 LAKE VALLEY DR.  
 CLERMONT FL 34711-6712

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 4079 GREYSTONE DR. X Change ☐ Addition  
 CLERMONT, FL 34711

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☐ Change ☐ 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:

SIGNATURE REQUIRED

JEANNE M. FRASER 4/27/02

Date

Daytime Phone #

CR2E034 (9/01)