

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90075 008 ***150.00

0104101 AV

DOCUMENT # P01000028322

1. Entity Name

FADES TO FROS INC.

Principal Place of Business

**4435 BEAUMONT DRIVE
ORLANDO FL 32808**

Mailing Address

**4435 BEAUMONT DRIVE
ORLANDO FL 32808**

2. Principal Place of Business

3. Mailing Address

6958 KNIGHTS WOOD DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO FL

4. FEI Number

59-3699410

Applied For

Not Applicable

Zip

32818

Country

ORANGE

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

6. Name and Address of Current Registered Agent

**JONES, REGINAL
4435 BEAUMONT DRIVE
ORLANDO FL 32808**

7. Name and Address of New Registered Agent

Name

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

6958 KNIGHTSWOOD DRIVE

City

ORLANDO

FL

Zip Code

32818

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)

**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 **PD** ☐ Delete
NAME **JONES, REGINAL**
STREET ADDRESS **4435 BEAUMONT DRIVE**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **VD** ☐ Delete
NAME **JONES, SHEILA**
STREET ADDRESS **4435 BEAUMONT DRIVE**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/02 407-622-6200
Date Daytime Phone #

CR2E034 (9/01)