

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

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90036 048 ***158.75

DOCUMENT # PD1 4044330

1. Entity Name

J. D. Fry Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5024 Fairfax West

Suite, Apt. #, etc.

3. Mailing Address

5024 Fairfax West

Suite, Apt. #, etc.

City & State

Lakeland FLORIDA

City & State

Lakeland Florida

Zip

33813

Country

Polk

Zip

33813

Country

Florida

4. FEI Number

593 713 483

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Adam Airith

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

500 South Florida Ave Suite 800

City

Lakeland

FL

Zip Code

33802-4627

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 P-T
NAME Jeffery D. Fry
STREET ADDRESS 5024 Fairfax West
CITY - ST - ZIP Lakeland, Florida - 33813

TITLE S
NAME Patricia K Fry
STREET ADDRESS 5024 Fairfax West
CITY - ST - ZIP Lakeland Florida 33813

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**DO NOT WRITE
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)(f), 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:

Jeffery D Fry Jeffery D. Fry

4/27/02

813-757-2570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)