

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90023 010 ***150.00

DOCUMENT # P01000053069

1. Entity Name

FRISKY BUSINESS, INC.

Principal Place of Business

**6071 MEDICI COURT #205
 SARASOTA FL 34243**

Mailing Address

**6071 MEDICI COURT #205
 SARASOTA FL 34243**

2. Principal Place of Business

4118 BEE RIDGE Rd
 Suite, Apt. #, etc.

3. Mailing Address

5900 S. Tamiami TRAIL
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota FL
 Zip Country
34233 USA

City & State

Sarasota FL
 Zip Country
34231 USA

4. FEI Number

05-1103385

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BERRY, LOREN E
4118 BEE RIDGE ROAD
SARASOTA FL 34233

7. Name and Address of New Registered Agent

CATHERINE L. ASTRONSKAS
 Street Address (P.O. Box Number is Not Acceptable)
5900 S. Tamiami TRAIL
SUITE I
 City State Zip Code
Sarasota FL 34231

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	VD	<input type="checkbox"/> Delete
NAME	BERRY, LOREN E	
STREET ADDRESS	404 GIOVANNI DRIVE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERRY, NANCY A	
STREET ADDRESS	404 GIOVANNI DRIVE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOREN E. BERRY	
STREET ADDRESS	404 GIOVANNI DRIVE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	DIP/SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY A. BERRY	
STREET ADDRESS	404 GIOVANNI DRIVE	
CITY-ST-ZIP	NOKOMIS, FL 34275	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034(9/01)2