FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000102576

1. Entity Name FROST & DOUGLAS CONSTRUCTION CORPORATION

FILED
03 SEP 12 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
9727 English Pine Ct	P.O. Box 1447	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Windermere FL	City & State: Windermere FL	4. FEI Number: 59-3753409 ☐ Applied For ☐ Not Applicable
Zip: 34786 Country	Zip: 34786 Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ~~STATUTORY AGENT~~ PARVIZ FARZANCH

Street Address (P.O. Box Number is Not Acceptable): 9727 English Pine Ct

City: Windermere **FL** Zip Code: 34786

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X _____ PARVIZ FARZANCH 9/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT, V.P. SEC. TREAS. (DIRECTOR) OFFICER	TITLE	
NAME	PARVIZ FARZANCH	NAME	
STREET ADDRESS	9727 English Pine Ct	STREET ADDRESS	700003011698 7
CITY-ST-ZIP	Windermere, FL 34786	CITY-ST-ZIP	09/12/03--01035--002 **61.25
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ PARVIZ FARZANCH 09/07/03 (407) 448-2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)