

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90157 007 ***150.00

DOCUMENT # P32572

1. Entity Name

FRIGETTE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 168

Suite, Apt. #, etc.

3. Mailing Address

5100 West Hanna Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Worth, TX

City & State

Tampa, FL

Zip

76101

Country

U.S.A.

Zip

33634

Country

U.S.A.

4. FEI Number

75-2329045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **John G. Bills**

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

5100 West Hanna Ave.

City **Tampa,**

FL

Zip **33634**

**DO NOT WRITE
IN THIS SPACE**

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

John G. Bills

April 22, 2002

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

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	C	Hickman, Holt	P.O. Box 168				
		Fort Worth, TX	76101				
	DP	Hickman, Brad	P.O. Box 168				
		Fort Worth, TX	76101				
	S	Bills, John	P.O. Box 168				
		Fort Worth, TX	76101				

**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:

John G. Bills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

DATE

817-243-5313

DAYTIME PHONE #

CR2E034B (12/01)