

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90035 022 \*\*\*150.00

**DOCUMENT # P93000061093**

1. Entity Name

**FRASER ENVIRONMENTAL AND GEOTECHNICAL SERVICES, L**

Principal Place of Business

2131 N OCEAN BLVD  
 SUITE 9  
 FT LAUDERDALE FL 33305  
 US

Mailing Address

2131 N OCEAN BLVD  
 SUITE 9  
 FT LAUDERDALE FL 33305  
 US

2. Principal Place of Business

**1808 NE 11th Ave**

Suite, Apt. #, etc.

**8**

City & State

**FT. Lauderdale FL**

3. Mailing Address

**1808 NE 11th Ave**

Suite, Apt. #, etc.

**8**

City & State

**FT. Lauderdale, FL**

Zip

**33305**

Country

**Broward**

Zip

**33305**

Country

**Broward**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENT, NORMAN E**  
**805 EAST BROWARD BLVD., STE. 300**  
**FT. LAUDERDALE FL 33301**

Name

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

City

**FL**

Zip Code

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

**Robert Fraser, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/25/01**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **DP**  
 STREET ADDRESS **FRASER, ROBERT**  
 CITY-ST-ZIP **3540 N.E. 12TH AVE.**  
**OAKLAND PARK FL 33334**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

**Robert Fraser, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/01 (954) 563-3070**

Date Daytime Phone #

CR2E034 (10/00)