

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000016870

1. Entity Name
FROZEN ASSETS, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90140 004 ***150.00

Principal Place of Business

4521 PGA BLVD
STE 302
PALM BACH GARDENS FL 33418
US

Mailing Address

4521 PGA BLVD
STE 302
PALM BACH GARDENS FL 33418
US

2. Principal Place of Business

4145 BANYAN TRAILS DRIVE
Suite, Apt. #, etc.

3. Mailing Address

4145 BANYAN TRAILS DRIVE
Suite, Apt. #, etc.

D0033797



DO NOT WRITE IN THIS SPACE

City & State
COCONUT CREEK FL

City & State
COCONUT CREEK, FL

4. FEI Number 65-0561123

Applied For
Not Applicable

Zip 33073 Country USA

Zip 33073 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SABATASO, CYNTHIA M
9165 SE ATHENA ST
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when re-issuing)

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, 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

TITLE D
NAME OSTBY, CARL
STREET ADDRESS 4521 PGA BLVD, #302
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Address Change Only
NAME
STREET ADDRESS 4145 BANYAN TRAILS DRIVE
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/01

Date

Daytime Phone #

CR2E034 (10/00)