

6/20

FILED**Jul 19, 2001 8:00 am**
Secretary of State

06-20-2001 90125 002 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **94000045780**

1. Entity Name

FREY ENTERPRISES, INC.**(LA)**

Principal Place of Business

Mailing Address

**2701 W. 5TH STREET
SANFORD, FL. 32711**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3258204

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN R. FREY
50 FERN CREST DRIVE
DEBARY, FL. 32713**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Allen Frey

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-12-2001

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ALLEN FREY 50 FERN CREST DRIVE DEBARY, FL 32713	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT NANCY BAGONE 3640 HACKMORE DRIVE COLORADO SPRINGS, CO. 80918	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY STACY LENTZ 2965 S. ROBERTS ROAD FORESTVILLE, NEW YORK 14602	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CHRIS CAMPBELL 60 FERN CREST DRIVE DEBARY, FL. 32713	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAY FREY 3012 FOX HILL CIRCLE APT. 202 DROPSA, FL. 32103	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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:

Allen Frey**ALLEN FREY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/2001

Date

(407)**324-0201**

Daytime Phone #

CR2E034 (11/00)