

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90070 025 ***150.00

DOCUMENT # P94000045780
1. Entity Name
FREY ENTERPRISES, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2701 W. 5TH STREET
Suite, Apt. #, etc.

3. Mailing Address
SAME AS # 2
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SANFORD, FLORIDA

City & State

4. FEI Number
59-3258204

Applied For
Not Applicable

Zip
32711

Country
SEMOUILLE

Zip

Country

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

7. Name and Address of Current Registered Agent

Name
ALLEN FREY

Street Address (P.O. Box Number is Not Acceptable)
50 FERN CREST DRIVE

DEBARY FL 32713

City
FL Zip Code

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

4/29/02
DATE

(NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ALLEN FREY 50 FERN CREST DRIVE DEBARY, FL. 32713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT NANCY BARONE 3640 HACKMORE DRIVE COLORADO SPRINGS, CO. 80918
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY STACY LENTZ 2955 S. ROBERTS ROAD FORESTVILLE, NEW YORK 14602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRIED SUREE CHRIS CAMPBELL 50 FERN CREST DRIVE DEBARY, FL. 32713
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Allen Frey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLEN FREY

4/29/02
Date

(407) 324-0201
Daytime Phone #

CR2E034B (12/01)