## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P94000063259** Mar 29, 2000 8:00 am **Secretary of State** FREDRICK'S & COMPANY, INC. 03-29-2000 90076 016 \*\*\*150.00 Principal Place of Business Mailing Address 1081 PIEDMONT AVENUE N.E. 2855 KIRBY AVE., NE PALM BAY FL 32907-1449 SHITE #4 PALM BAY FL 32905 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3263933 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FREDRICKS, LOIS A Street Address (P.O. Box Number is Not Acceptable) 1081 PIEDMONT AVENUE N.E. PALM BAY FL 32907 Zip Code FL 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Defete TITLE FREDRICKS, STEVEN D NAME NAME 1081 PIEDMONT AVENUE N.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 ☐ Addition ☐ Change ☐ Delete TITLE FREDRICKS, LOIS A NAME NAME 1081 PIEDMONT AVENUE N.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32907 CITY-ST-ZIP Change ☐ Addition · Delete TITLE TITLE SEEFELT, MICHAEL R. NAME NAME STREET ADDRESS STREET ADDRESS 3960 LAKEMONT CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE CHAMBERS, SARAH NAME NAME 642 SHERATONWOODS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. MELBOURNE FL ☐ Addition Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. Thereby 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

3-24-00

(321) 726-6327