

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90128 012 ***150.00

DOCUMENT # P94000078001

1. Entity Name
FRL, INC.



Principal Place of Business
**1724 SE 58TH AVE
OCALA FL 34471
US**

Mailing Address
**5500 SE 8TH ST
OCALA FL 34471
US**



2. Principal Place of Business

1621 SW 19TH AVE

3. Mailing Address

1621 SW 19TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
OCALA FL

City & State
OCALA FL

4. FEI Number **59-3277113**

Applied For
☐ Not Applicable

Zip **34474** Country **MARION**

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

6. Name and Address of Current Registered Agent

**REED, JEFFREY M
5500 SE 8TH ST
OCALA FL 34471**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jeffrey M. Reed*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/20/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REED, JEFFREY M 5500 SE 8TH ST OCALA FL 34471	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FABIAN, JOHN E 5508 SE 8TH ST OCALA FL 34471	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, EDWARD L 4975 SE 38TH ST OCALA FL 34480	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffrey M. Reed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03
Date

(352) 690-435
Daytime Phone #

CR2E034 (10/02)