2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P94000078329 Sep 15, 2000 8:00 am 1. Entity Name FRIBRI, INC. Secretary of State 09-15-2000 90014 022 ***150.00 Principal Place of Business Mailing Address 2801 SKIMMER POINT DRIVE 2801 SKIMMER POINT DR **GULFPORT FL 33707 GULFPORT FL 33707** Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3288452 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORTON-HICKS, BRIAN S Street Address (P.O. Box Number is Not Acceptable) 2801 SKIMMER POINT DR :: (a) SUITE #510 企 生的合作 93%。 GULFPORT FL 33707 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 \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00° Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITI F ☐ Delete ☐ Change ☐ Addition TITLE MORTON-HICKS, CAROLINE NAME NAME STREET ADDRESS 2801 SKIMMER POINT DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULFPORT FL** Distriction Change TITLE ☐ Delete TITLE Addition MORTON-HICKS, BRIAN NAME NAME 2801 SKIMMER POINT DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. GULFPORT-FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE · · ; 🔲 Change 👝 🛄 Addition NAME NAME and affelt entif jungt inegen jeren im STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

Attachment POC#! P94000018329 40078379

FRIBRI, INC.

2801 Skimmer Point Drive Gulfport, FL 33707

September 12, 2000

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: 2000 Uniform Business Report

I am once again enclosing my 2000 Uniform Business Report that I received from your office this past week upon my return from overseas. I was unaware that you did not receive my original report and \$150 payment sent early this year until receiving this second notice upon my return from vacation. I researched my account and have noted that my original check has yet to clear my bank and I have now stopped payment. I am enclosing, once again, a check in the amount of \$150. This should clear up my account.

Please adjust your records accordingly.

Sincerely,

Brian Morton-Hicks

President

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