

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90003 049 \*\*\*150.00

0523327

**DOCUMENT # P94000078329**

1. Entity Name  
**FRIBRI, INC.**

Principal Place of Business

2801 SKIMMER POINT DRIVE  
GULFPORT-FL-33707

Mailing Address

2801 SKIMMER POINT DR  
GULFPORT FL-33707  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULFPORT FLORIDA

City & State

GULFPORT FLORIDA

Zip

33707

Country

USA

Zip

33707

Country

USA

4. FEI Number

59-3288452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORTON-HICKS, BRIAN S  
2801 SKIMMER POINT DR  
SUITE 1510  
GULFPORT FL 33707

7. Name and Address of New Registered Agent

Name BRIAN S. MORTON-HICKS  
Street Address (P.O. Box Number is not acceptable)  
1219, 49TH ST. S  
City GULFPORT FL Zip Code 33707

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

*Caroline Morton-Hicks*

4/16/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE P  
NAME MORTON-HICKS, CAROLINE  
STREET ADDRESS 2801 SKIMMER POINT DR  
CITY-ST-ZIP GULFPORT FL ☐ Delete

TITLE D  
NAME MORTON-HICKS, BRIAN  
STREET ADDRESS 2801 SKIMMER POINT DR  
CITY-ST-ZIP GULFPORT FL ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES-CAROLINE MORTON-HICKS  
NAME 1219, 49TH ST. S  
STREET ADDRESS GULFPORT FL 33707 ☐ Change ☐ Addition

TITLE DIR. BRIAN MORTON-HICKS  
NAME 1219, 49TH ST. S  
STREET ADDRESS GULFPORT, FL 33707 ☐ 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:

*Brian Morton-Hicks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/16/01 727-327-1368

Daytime Phone #

CR2E034 (10/00)