FILED Apr 11, 2003 8:00 am g Secretary of State

04-11-2003 90185 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9!

P95000017527

1. Entity Name

FRIES MANAGEMENT, INC.



NAME STREET ADDRESS CITY-ST-2IP SALUDA NC 28773 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE							600 WE 18						
Sulfa, Apt. P. etc. Sulfa, Apt. P. etc. City & State City &	7000 PORTPO	DOL STREET		C/O WILLIAM PLATZER 600 N PINE ISLAND ROAD STE 165									
City & State Ci	2. Principal Place of Business 3. Mailing Address								<u> </u>		EII I I 161 5 111 1		
Country Zip Country S. Certificate of Sistus Desire Set 57.52 Agritional Fee Prequired Set 7.5 Agritional Fee Preparation Set 7.5 Agritional Fee Prepara	Suite, Apt. #, etc. Suite, Ap				e, Apt. #, etc.			7	CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PLATZER, WILLIAM 600 N PINE ISLAND ROAD STE 165 PLANTATION FL 33324 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of gistered agent or provided agent and the obligations of gistered agent or gistered agent or provided agent and the obligations of gistered agent or gistered agent or the purpose of changing its registered diffice or registered agent, or both, in the State of Florida I am familiar with, and accept the obligations of gistered agent or gistered agent or with a statement for the purpose of changing its registered agent, or both, in the State of Florida I am familiar with, and accept the obligations of gistered agent or with a statement or gistered agent or gistered agent or gistered agent. SIGNATURE **FILE NOW!!! FEE IS \$150.00 **After May 1, 2003 Fee will be \$550.00 **After May 1, 2003 Fee wi	City & Stat	te		City & State				4.	66-0671326				
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Street Address (PO Box Number is Not Acceptable) Story of the Interpolation in the State of Florida. I am familiar with, and accept the interpolation in the State of Florida. I am familiar with, and accept the Address (PO Box Number is Not Acceptable) Story Interpolation in the State of Florida. I am familiar with, and accept the Address (PO Box Number is Not Acceptable) Story Interpolation in the State of Florida. I am familiar with, and accept the Address (PO Box Number is Not Acceptable) Story Interpolation in the State of Florida. I am familiar with, and accept the Address (PO Box Number is Not Acceptable) Story Interpolation in the State of Florida. I am familiar with, and accept the Address (PO Box Number is Not Acceptable) Story Interpolation in the State of Florida. I am familiar with, and accept the Address (PO Box Number is Not Acceptable) Story Interpolation in the State of Florida. I am familiar with, and accept the Address (PO Box Number is Not Acceptable) Story Interpolation in the State of Florida Interpolation in the Address (PO Box Number is Not Acceptabl							Name *	· 4- =					
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the obligations of registered agent. Signature: Signature: type of or printed argent and title if applicable. INOTE Registered Agent sprature required when retretating) DATE							City			FL	Zip Cod	e	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES 11. AD	•			and title if appl	icable. (NOTE	: Registered	d Agent signature requir	red when re	reinstating)	DATE			
TITLE NAME NAME NAME NAME NAME NAME NAME NAM	After Make Check	r May 1, 200	3 Fee will be \$550.00 Florida Department of						Trust Fund Contribution.		Added	to Fees	
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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: _X

SIGNATURE AND TYPED OR PHINTED PANCOS SIGNING OFFICER CODIRECTOR

4/6/03 248-7

Daytime Phone #

CR2E034 (10/02)