2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P95000023546

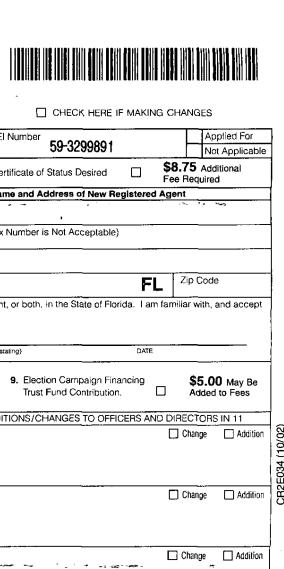
1. Entity Name

FREY, BURKE & FREY ENTERPRISES, INC.

		/	<u>/</u>	A SWEET				
Principal Place of Business 312 DEVONSHIRE LANE ORANGE PARK FL 32073 US		Mailing Address PO BOX 639 ORANGE PARK FL 32067 US						
2. Principal Place of Business		3. Mailing Address			THE REPORT OF THE PROPERTY OF	# 000		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			E0-2200001		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired		Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
and the second of the second o				Name				
ATWATER, GREGORY L				Street Address (P.O. Box Number is Not Acceptable)				
1279 KINGSLEY AVE., STE. 102 Orange Park FL 32073								
· ·				Dity	FL Zip Code			
After	Signature, typed or printed name of registered agent a FILE NOW!!! FEE IS \$150.00 or May 1, 2003. Fee will be \$550.00 or Payable to Florida Department of			ent signature required	DATE DATE DETERMINE TO THE PROPERTY OF THE PROP		5.00 May Be ded to Fees	
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FREY, FRED 312 DEVONSHIRE LANE ORANGE PARK FL	☐ Delete	TITLE NAME STREET AI CITY-ST-			Chang		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FREY, M A 312 DEVONSHIRE ORANGE PK FL 32073	☐ Delete	TITLE NAME STREET AI CITY-ST-			Chang	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~	☐ Delete	TITLE NAME STREET AG CITY-ST-	i	The second of th	☐ Chang	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ACCITY-ST-			☐ Chang	ge 🛅 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AG			☐ Chang	ge	
TITLE NAME		- Delete	TITLE			☐ Chang	ge 🗀 Addition	

FILED Aug 18, 2003 8:00 am Secretary of State

08-18-2003 90169 036 ***550.00



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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Date

Daytime Phone #