

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91124 025 ***150.00

DOCUMENT # P95000061645

1. Entity Name
FRYE & COMPANY, INC.

Principal Place of Business

~~10415 JOES ROAD~~
~~JACKSONVILLE FL 32221~~

Mailing Address

~~10415 JOES ROAD~~
~~JACKSONVILLE FL 32221~~

2. Principal Place of Business

255 SE Hwy 19
 Suite, Apt. #, etc.
SUITE 19

3. Mailing Address

255 SE Hwy 19
 Suite, Apt. #, etc.
SUITE 19

City & State

CRYSTAL RIVER, FL.

City & State

CRYSTAL RIVER, FL

Zip

34429

Country

CITRUS

Zip

34429

Country

CITRUS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TITUS, CLAIRE A
4 NE THIRD ST
CRYSTAL RIVER FL 34429

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
PTD
 NAME **FRYE, ROSE B**
 STREET ADDRESS ~~10415 JOES ROAD~~
 CITY-ST-ZIP ~~JACKSONVILLE FL 32221~~

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **9805 W. CAMPHOR LN**
 CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE ☐ Delete
 NAME **VSD**
 STREET ADDRESS **FRYE, CHARLES A**
 CITY-ST-ZIP ~~10415 JOES ROAD~~
~~JACKSONVILLE FL 32221~~

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS **9805 W. CAMPHOR LN**
 CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01 352 794-0202

CR2E034 (10/00)