

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90459 010 ***150.00

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DOCUMENT # P96000032658

1. Entity Name

FRASER & FRASER, INC.



Principal Place of Business

**309 AVILA RD
WEST PALM BCH FL 33405**

Mailing Address

**309 AVILA RD
WEST PALM BCH FL 33405**

2. Principal Place of Business

2525 Froquois Circle

Suite, Apt. #, etc.

3. Mailing Address

2525 Froquois Circle

Suite, Apt. #, etc.

City & State

West Palm Bch, FL

Zip

33409

Country

City & State

West Palm Bch, FL

Zip

33409

Country

4. FEI Number

65-0659090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FRASER, LINDA
309 AVILA RD
WEST PALM BCH FL 33405**

*address
change*

7. Name and Address of New Registered Agent

Name **Linda Darlene Fraser**

Street Address (P.O. Box Number is Not Acceptable)

2525 Froquois Circle

West Palm Bch

FL

Zip Code

33409

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Linda Darlene Fraser

1/26/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **FRASER, LINDA D**
STREET ADDRESS **2525 FROQUOIS Circle**
CITY-ST-ZIP **WEST PALM BCH FL 33405 33409**

TITLE **VTD** ☐ Delete
NAME **ALEXANDER FRASER**
STREET ADDRESS **407A Kreytore Drive**
CITY-ST-ZIP **WEST PALM BCH FL 33405 Clammet, FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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:

Linda Darlene Fraser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/03 561 835-3750

Date

Daytime Phone #

CR2E034 (10/02)