

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033724

1. Entity Name

DEBORA E. FRIDIE, ATTORNEY AT LAW, P.A.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90322 036 ***150.00

Principal Place of Business

112 WEST ADAMS STREET
STE 819
JACKSONVILLE FL 32202
US

Mailing Address

112 WEST ADAMS STREET
STE 819
JACKSONVILLE FL 32202
US

2. Principal Place of Business

1014-7 Margaret ST
Suite, Apt. #, etc.
#376

3. Mailing Address

1014-7 Margaret ST
Suite, Apt. #, etc.
#376



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3396957

Applied For

Not Applicable

Zip

32204

Country

USA

Zip

32204

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIDIE, DEBORA E
112 WEST ADAMS ST
STE 819
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name: Debora E. Fridie
Street Address (P.O. Box Number is Not Acceptable): 2557 Dellwood Av
City: Jacksonville FL Zip Code: 32204

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: Debora E. Fridie (Debora E. Fridie), President, P.A. DATE: 4/16/01

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 NAME STREET ADDRESS CITY-ST-ZIP	D FRIDIE, DEBORA E 2557 DELLWOOD AVE JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Debora E. Fridie DATE: 4/16/01 (904)-278-2831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DEBORA E. FRIDIE, President, P.A.

CR2E034 (10/00)