2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2001 8:00 am Secretary of State DOCUMENT # **P96000061095** 1. Entity Name FRITZ EQUITIES, INC. 01-25-2001 90227 050 ***150.00 Principal Place of Business Mailing Address 26100 SW 112 AVE 26100 SW 112 AVE HOMESTEAD FL 33032 162000 HOMESTEAD FL 33032 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0683977 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CROWN, HOWARD L Street Address (P.O. Box Number is Not Acceptable) C/O GRANT, FRIDKIN, & PEARSON P.A. 5551 RIDGEWOOD DR SUITE 501 NAPLES FL 34108 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE Change TITLE FRITZ, JOYCE NAME NAME STREET ADDRESS 26100 SW 112 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOMESTEAD FL 33032** TITLE ☐ Delete ☐ Change ☐ Addition FRITZ, JOHN CALVIN NAME NAME STREET ADDRESS STREET ADDRESS 26100 SW 112 AVE CITY-ST-ZIP CITY-ST-ZIP **HOMESTEAD FL 33032** _ _ Change ____ Addition-TITLE D_ ☐ Delete TITLE NAME FRITZ, JAMES LOUIS NAME STREET ADDRESS STREET ADDRESS 26100 SW 112 AVE CITY-ST-ZIP CITY-ST-ZIP **HOMESTEAD FL 33032** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME FLOYD, JENNIFER FRITZ STREET ADDRESS STREET ADDRESS 26100 SW 112 AVE CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33032 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME FRITZ, JEFFREY ERROL STREET ADDRESS STREET ADDRESS 26100 SW 112 AVE CITY-ST-7IP CITY-ST-7IP HOMESTEAD FL 33032 Delete TITLE TITLE Change ☐ Addition FRITZ, JACK STEPHEN NAME NAME STREET ADDRESS STREET ADDRESS 26100 SW 112 AVWE

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.

CITY-ST-ZIP

SIGNATURE:

HOMESTEAD FL 33032

CITY-ST-ZIP