

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90066 032 \*\*\*150.00

**717069**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P96000093811**

1. Entity Name

**FARRIOR ENTERPRISES, INC.**

Principal Place of Business

C/O J. REX FARRIOR III  
P.O. BOX 1438  
TAMPA FL 33601

Mailing Address

C/O J. REX FARRIOR III  
P.O. BOX 1438  
TAMPA FL 33601

2. Principal Place of Business

**300 West Platt St**

3. Mailing Address

**300 W. Platt St.**

Suite, Apt. #, etc.

**SUITE 100**

Suite, Apt. #, etc.

**SUITE 100**

City & State

**TAMPA FLA**

City & State

**TAMPA FL**

4. FEI Number **59-3418199**

Applied For

Not Applicable

Zip

**33606**

Country

**USA**

Zip

**33606**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARRIOR, J. REX III  
501 E KENNEDY BLVD  
SUITE 1700  
TAMPA FL 33602

Name

**J. REX FARRIOR III**

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

**300 West Platt St.**

**Suite 100**

City

**TAMPA**

**FL**

Zip Code

**33606**

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

*J. Rex FARRIOR III*

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 **D** ☐ Delete  
NAME **FARRIOR, J. REX III**  
STREET ADDRESS **501 E KENNEDY BLVD SUITE 1700**  
CITY-ST-ZIP **TAMPA FL 33602**

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 #

**1-9-01**

**813-251-0955**

CR2E034 (10/00)