2003 FOR PROFIT CORPORATION

Mailing Address P O BOX 13116

3. Mailing Address

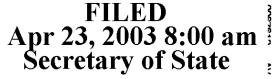
City & State

Ζip

Suite, Apt. #, etc.

GAINESVILLE FL 32604

UNIFORM BUSINESS REPORT (UBR) P97000016635 **DOCUMENT #** 1. Entity Name FREDERICK GARDENS, INC.



	04-23-2003 90179 047 *	**150.00
	CHECK HERE IF MAKING CHA	
	4. FEI Number 59-3433968	Applied For
	39-3433900	Not Applicable
Country		'5 Additional Required
	7. Name and Address of New Registered Agent	
Name		
Street Address	(P.O. Box Number is Not Acceptable)	
City	FL Z	ip Code

	e named entity submits this statement for the purpose of chang tions of registered agent.	ging its registered office or registered age	ent, or both, in the State of Florida.	ram ramiliar with, and accept
SIGNATURE	·			
	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 theck Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

Principal Place of Business

2. Principal Place of Business

COLLIER, NATHAN S 220 N MAIN ST GAINESVILLE FL 32601

GAINESVILLE FL 32601

Suite, Apt. #, etc.

City & State

Zip

220 N MAIN ST

US

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Officer	Tayable to Horida beparanem or oute						
10.	OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLLIER, NATHAN S 220 N MAIN ST GAINESVILLE FL 32601	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS WEBER, MARY-EVAN 220 N MAIN ST GAINESVILLE FL 32601	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHNOLL, MARE 220 N MAIN ST GAINESVILLE FL 32601	Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	David	A. MATERNA	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	As the state of th	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition

olies with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 tee impospered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicated on this report or supplemental of the corporation or the receiver of these changed, or on an attachment

SIGNATURE: