

4/30/01

FILED
May 23, 2001 8:00 am
Secretary of State

04-30-2001 90143 030 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024911

1. Entity Name

WAYNE FRIER HOME CENTER OF PENSACOLA, INC.

Principal Place of Business

2848 HWY 95 A SOUTH
CANTONMENT FL 32533

Mailing Address

2848 HWY 95 A SOUTH
CANTONMENT FL 32533

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-3432750

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALEY, WILLIAM J
10 NORTH COLUMBIA ST
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 "changing")

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FRIER, MATTHEW W	
STREET ADDRESS	RT 8 BOX 1048	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIER, WAYNE	
STREET ADDRESS	RT 8 BOX 1048	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIER, TODD D	
STREET ADDRESS	RT 8 BOX 1048	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/PIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frier, Matthew W	
STREET ADDRESS	12788 US 90 West	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	DIU	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frier, Wayne	
STREET ADDRESS	12788 US 90 West	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	DIT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frier, Todd D	
STREET ADDRESS	12788 US 90 West	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Wayne Frier 5/14/01

904-362-7720

Date

Daytime Phone #

CR2E034 (10/00)