

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90305 047 ***150.00

DOCUMENT # P97000026425

1. Entity Name
FRASURE CUSTOM FINISHES, INC.

Principal Place of Business
**3948 SOUTH THIRD ST.
 #292
 JACKSONVILLE BEACH FL 32250**

Mailing Address
**3948 SOUTH THIRD ST.
 #292
 JACKSONVILLE BEACH FL 32250**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3440859**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FRASURE, TIMOTHY F
 920 1ST STREET UPPER
 NEPTUNE BEACH FL 32266**

7. Name and Address of New Registered Agent

Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
879 RUDDER ROAD
 City **ATLANTIC BEACH** FL Zip Code **32233**

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 *Timothy F. Frasure* **TIMOTHY F. FRASURE**
 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, 2002 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 **DP** ☐ Delete
 NAME **FRASURE, TIMOTHY F**
 STREET ADDRESS **920 1ST STREET UPPER**
 CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE **TS** ☐ Delete
 NAME **FRASURE, NANCY A**
 STREET ADDRESS **3948 SOUTH THIRD ST., #292**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **879 RUDDER ROAD**
 CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

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

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

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

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

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 *Timothy F. Frasure* **TIMOTHY F. FRASURE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 241-2533

STATE OF FLORIDA (9/01)