

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90434 018 ***150.00

DOCUMENT # **P97000044814**

1. Entity Name
FROMMELT FAMILY CORP.



Principal Place of Business
**4240 SE 20TH PLACE, UNIT #309
CAPE CORAL FL 33904**

Mailing Address
**3402 CELINDA DRIVE
CARLSBAD CA 92008
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0754455**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DRASITES, THOMAS E
202 S DEL PRADO BLVD
CAPE CORAL FL 33990**

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. I am familiar with, and accept the obligations of registered agent.

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FROMMELT, NATALIE B**
STREET ADDRESS **4240 SE 20TH PL, UNIT #309**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **D** ☐ Delete
NAME **FROMMELT, WARREN T JR**
STREET ADDRESS **3402 CELINDA DR**
CITY-ST-ZIP **CALSBAD CA 92008**

TITLE **D** ☐ Delete
NAME **FROMMELT, WILLIAM E**
STREET ADDRESS **P O BOX 1692 N/A**
CITY-ST-ZIP **WEST DOVER VT 05356**

TITLE **D** ☐ Delete
NAME **LOHER, PAMELA R**
STREET ADDRESS **6526 DEERBURY CT**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Waiver
Waiver of Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Feb 03

Date

760-720-9385

Daytime Phone #

CR2E034 (10/02)