

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90101 030 ***150.00

DOCUMENT # P97000045166

1. Entity Name

FRAZIER INSURANCE GROUP, INC.

Principal Place of Business

Mailing Address

**403 S EDMON AVE
WINTER SPRINGS FL 32708**

**403 S EDMON AVE
WINTER SPRINGS FL 32708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3437067

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRAZIER, ROBERT

403 S EDMON AVE

WINTER SPRINGS FL 32708

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZIER, ROBERT 403 S EDMON AVE WINTER SPRINGS FL 32708	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZIER, BARBARA 403 S EDMON AVE WINTER SPRINGS FL 32708	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

CR2E034 (9/01)

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:

Barbara Frazier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Frazier 4/22/02 (407) 327-9058
Date Daytime Phone

Attachments 872219
197000045166

ROBERT P. OR BARBARA FRAZIER
403 S. EDMOND AVE. (407) 327-9058
WINTER SPRINGS, FL 32708

63 9136/2631

★ 3006

Pay to the Order of Department of State

4/22/02 Date

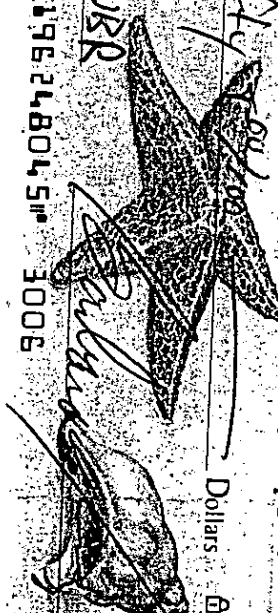
\$ 150.00

FAIRWINDS CREDIT UNION
3075 N. ALAFAYA TRAIL
ORLANDO, FL 32826

Dollars

For 59-3737067 UBR

2531813681: 8 250196248045 3006



Dear Sirs,

Attachment #A97000045166/872219

I have enclosed a photocopy of the VBR I

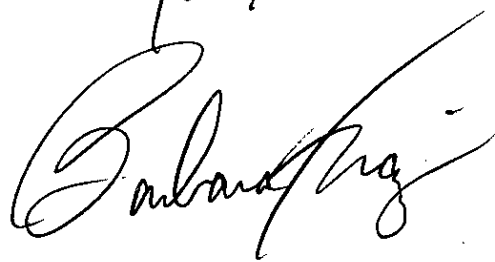
Completed & Sent w/ a check (# 3006 \$150.00).
Copy enclosed.

The Check never cleared my bank so

I assume you did not receive this
Return - I have enclosed a replacement
check and I hope this is all

you need. If you have any questions or need
any additional information please call
(407) 327-9058.

Thank You!



Barbara Frazier