2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045166

1. Entity Name
FRAZIER INSURANCE GROUP, INC.

FILED
Sep 17, 2002 8:00 am
Secretary of State
09-17-2002 90101 030 ***150.00

Principal Place of Business	Mailing Address
403 S EDGEMON AVE WINTER SPRINGS FL 32708	403 S EDGEMON AVE WINTER SPRINGS FL 32708

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-3437067 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRAZIER, ROBERT
403 S EDGEMON AVE
WINTER SPRINGS FL 32708

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 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 EDGEMON AVE WINTER SPRINGS FL 32708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZIER, BARBARA 403 S EDGEMON AVE WINTER SPRINGS FL 32708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 Barbara Frazier 4/22/02 (407)327-9058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachments 87919
#1970004516

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

63-8136/2631

3006

4/23/02
Date

Pay to the Order of Department of State $ 150.00

One hundred fifty and 00/100 Dollars

FAIRWINDS CREDIT UNION
3075 N ALAFAYA TRL
ORLANDO, FL 32826

For 59-343706 UBR

⑈263181368⑈ 825019624804 5⑈ 3006

Dear Sirs, Attachments #P970000045166 / 872219

I have enclosed a photo copy 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