

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90025 015 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000058472**1. Entity Name**
FRADD AND ASSOCIATES, INC.**Principal Place of Business**
Mailing Address
11128 PALMETTO BLVD.
TURKEY CREEK FL 32615
200 TURKEYN CREEK
ALACHUA FL 32615
US**2. Principal Place of Business**
11542 NW 69 TER
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.**City & State**
ALACHUA, FL
City & State
ALACHUA, FL
Zip
32615
Country
USA
Zip
Country**4. FEI Number** **59-3456824**
Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****FRADD, JOHN**
11128 PALMETTO BLVD 11542 NW 69 TER
TURKEY CREEK FL 32615
ALACHUA, FL**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** *John Fradd* **1/3/00**
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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	FRADD, SANDRA DR	11128 PALMETTO BLVD TURKEY CREEK FL 32615
<input type="checkbox"/> Delete	D	FRADD, JOHN	11128 PALMETTO BLVD TURKEY CREEK FL 32615
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		11542 NW 69 TER	ALACHUA, FL 32615
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		11542 NW 69 TER	ALACHUA, FL 32615
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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:** *John Fradd* **JOHN FRADD** **1/3/00** **904 462 2203**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)