

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90123 046 ***150.00

DOCUMENT # P97000058472

1. Entity Name

FRADD AND ASSOCIATES, INC.



Principal Place of Business
11542 NW 69 TERRACE
TURKEY CREEK FL 32615

Mailing Address
200 TURKEY CREEK
ALACHUA FL 32615
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

59-3456824

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

FRADD, JOHN
11542 NW 69 TERRACE
ALACHUA FL 33615

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete	D	FRADD, SANDRA DR	11542 NW 69 TERRACE ALACHUA FL 32615	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	FRADD, JOHN	11542 NW 69 TERRACE ALACHUA FL 32615	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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CR2E034 (10/02)

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:

FRADD, JOHN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03
Date

386 462 2203
Daytime Phone #