

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106878

1. Entity Name

GARRISON, FROHLICH & ASSOCIATES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90432 013 ***158.75

Principal Place of Business

4826 SOUTH U.S. #1
FT. PIERCE FL 34982

Mailing Address

4826 SOUTH U.S. #1
FT. PIERCE FL 34982

00000000

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 65-0800983

Applied For

Not Applicable

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

FROHLICH, PETER
4826 SOUTH U.S. #1
FT. PIERCE FL 34982

Name VICTOR E. GARRISON

Street Address (P.O. Box Number is Not Acceptable)

1201 KINGWOOD LANE

City FORT PIERCE

FL. Zip Code 34982

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

4/23/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FROHLICH, PETER	
STREET ADDRESS	4225 GATOR TRACK AVENUE, 19C	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARRISON, VICTOR E	
STREET ADDRESS	1201 KINGWOOD LANE	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GARRISON, VIKKI	
STREET ADDRESS	1201 KINGWOOD LANE	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROHLICH, PETER	
STREET ADDRESS	4225 GATOR TRACK AVE, 19C	
CITY-ST-ZIP	FT PIERCE, FL 34982	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRISON, VICTOR E	
STREET ADDRESS	1201 KINGWOOD LANE	
CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRISON, VIKKI D.	
STREET ADDRESS	1201 KINGWOOD LANE	
CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* VICTOR E. GARRISON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/23/01

Daytime Phone #

561-2500

CR2E034 (10/00)