Amended

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106878

1. Entity Name
GARRISON, FROHLICH & ASSOCIATES, INC.

FILED
03 NOV 13 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4826 SOUTH U.S. #1 FT. PIERCE, FL 34982	4826 SOUTH U.S. #1 FT. PIERCE, FL 34982

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

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
GARRISON, VICTOR E 1201 KINGSWOOD LN FT. PIERCE, FL 34982	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 Amended UBR $61.25 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	DP FROHLICH, PETER 4225 GATOR TRACK AVENUE, 19C FT PIERCE, FL 34982 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC GARRISON, VICTOR E 1201 KINGSWOOD LANE FT. PIERCE, FL 34982 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPC GARRISON, VICTOR E. 6106 SUNSET BOULEVARD FT. PIERCE FL 34982 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GARRISON, VIKKI 1201 KINGSWOOD LANE FT. PIERCE, FL 34982 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GARRISON, VIKKI 6106 SUNSET BOULEVARD FT. PIERCE FL 34982 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Wildschuetz, Harvey F. 1739 Kelso Avenue Lake Worth FL 33460 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700024620377 11/13/03--01012--005 **61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Vikki Garrison VIKKI GARRISON 11/10/2003 (772) 466-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TK