

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041636

1. Entity Name

FRONTIER SYSTEMS SERVICES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90306 020 ***150.00

Principal Place of Business

Mailing Address

9775 CREEKFRONT RD., UNIT 1405
 JACKSONVILLE FL 32256

9775 CREEKFRONT RD., UNIT 1405
 JACKSONVILLE FL 32256-8458

2. Principal Place of Business

3307 1st Street South

Suite, Apt. #, etc.

3. Mailing Address

3307 1st Street South

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

Zip
 32250

Country
 USA

City & State

Jacksonville Beach, FL

Zip
 32250

Country
 USA

4. FEI Number

59-3501132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, JON

9775 CREEKFRONT RD., UNIT 1405
 JACKSONVILLE FL 32256

Name Anderson, Jon

Street Address (P.O. Box Number is Not Acceptable)
 3307 1st Street South

City Jacksonville Beach

FL

Zip Code
 32250

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.

Block 7 completed for address change only. Registered Agent remains the same.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

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, 2000 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	P ANDERSON, JON 9775 CREEKFRONT RD #1405 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERRON, KATE 912 VERNON AVE #1 MADISON WI 53714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, EMILY 326 S. YELLOWSTONE DR #4 MADISON WI 53705	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, BRETT 8214 PRINCETON SQUARE BLVD #912 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Anderson, Jon 3307 1st Street South Jacksonville Beach, FL 32250	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Herron, Kate 5 Walter Street Madison, WI 53714	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anderson, Brett (Correct last name spelling only)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

Jon Anderson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Anderson

April 28, 2000

Date

904-242-2541

Daytime Phone #

CR2E034 (9/99)