

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90014 028 \*\*\*150.00

0610642

**DOCUMENT # P98000041636**

1. Entity Name

**FRONTIER SYSTEMS SERVICES, INC.**

Principal Place of Business

**3307 1ST STREET SPTH  
JACKSONVILLE BEACH FL 32250**

Mailing Address

**3307 1ST STREET SPTH  
JACKSONVILLE BEACH FL 32250****737024**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **59-3501132**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, JON  
3307 1ST STREET SOUTH  
JACKSONVILLE BEACH FL 32250**

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

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  
**P**  
**ANDERSON, JON** ☐ Delete  
**9775 CREEKFRONT RD #1405**  
**JACKSONVILLE FL 32256**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**HERRON, KATE** ☐ Delete  
**912 VERNON AVE #1**  
**MADISON WI 53714**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**ANDERSON, EMILY** ☐ Delete  
**326 S. YELLOWSTONE DR #4**  
**MADISON WI 53705**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**ANDERSON, BRETT** ☐ Delete  
**8214 PRINCETON SQUARE BLVD #912**  
**JACKSONVILLE FL 32256**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T**  
**Anderson, Brett** ☒ Change ☐ Addition  
**326 S. Yellowstone Dr., #4**  
**Madison, WI 53705**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01

Date

904-704-6955

Daytime Phone #

CR2E034 (10/00)