

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90327 004 ***150.00

DOCUMENT # P98 000041636 ✓

1. Entity Name

Frontier Systems Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

513 Robles Lane

Suite, Apt. #, etc.

3. Mailing Address

513 Robles Lane

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

Zip

32082

Country

USA

4. FEI Number

59-3501132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jon Anderson

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

513 Robles Lane

City

Ponte Vedra Beach,

FL

Zip Code

32082

**DO NOT WRITE
IN THIS SPACE**

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

Jon Anderson Jon Anderson (office address change only)

5-18-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

No Investments/No Liability ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<u>President</u>
NAME	<u>Jon Anderson</u>
STREET ADDRESS	<u>513 Robles Lane</u>
CITY-ST-ZIP	<u>Ponte Vedra Beach, FL 32082</u>
TITLE	<u>Vice President</u>
NAME	<u>Kate Herron</u>
STREET ADDRESS	<u>5112 Spaanem Road</u>
CITY-ST-ZIP	<u>Madison, WI 53714</u>
TITLE	<u>Secretary</u>
NAME	<u>Emily Anderson</u>
STREET ADDRESS	<u>1115 Gammon Lane, Unit 1</u>
CITY-ST-ZIP	<u>Madison, WI 53719</u>
TITLE	<u>Treasurer</u>
NAME	<u>Brett Anderson</u>
STREET ADDRESS	<u>14 S. Franklin St., Apt 1</u>
CITY-ST-ZIP	<u>Madison, WI 53703</u>
TITLE	
NAME	
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jon Anderson Jon Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-02

Date

904-704-6955

Daytime Phone #