

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072421

1. Entity Name

FRIERDICH CONSTRUCTION, INC.

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

05-15-2000 90253 047 ***150.00

Principal Place of Business

Mailing Address

433 E. GOVERNMENT
 PENSACOLA FL 32501

433 E. GOVERNMENT
 PENSACOLA FL 32501-6131

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 **59-3383126**

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

FRIERDICH, GRANT

~~6 TRISTAN WAY~~

PENSACOLA BEACH FL 32561

Name **FRIERDICH, GRANT**

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

1200 Ft. Pickens Rd. #12 F

City **PNS BCH**

FL

Zip Code **32561**

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.

GRANT FRIERDICH

(NOTE: Registered Agent signature required when reinstating)

4/25/2000

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	D	<input type="checkbox"/> Delete
NAME	FRIERDICH, PAUL	
STREET ADDRESS	POST OFFICE BOX 935	
CITY-ST-ZIP	GULF BREEZE FL 32562	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIERDICH, CHRISTINA	
STREET ADDRESS	POST OFFICE BOX 935	
CITY-ST-ZIP	GULF BREEZE FL 32562	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIERDICH, ALICE	
STREET ADDRESS	POST OFFICE BOX 935	
CITY-ST-ZIP	GULF BREEZE FL 32562	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIERDICH, GRANT	
STREET ADDRESS	POST OFFICE BOX 935	
CITY-ST-ZIP	GULF BREEZE FL 32562	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	325 N. Main
CITY-ST-ZIP	Columbia, IL 62236
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1200 Ft. Pickens Rd. #12 F
CITY-ST-ZIP	PNS BCH, FL 32561
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	325 N. Main
CITY-ST-ZIP	COLUMBIA, IL 62236
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1200 Ft. Pickens Rd. #12 F
CITY-ST-ZIP	PNS BCH, FL 32561
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:

GRANT FRIERDICH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/25/2000 (850) 4380700

CR2E034 (9/99)