

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096102

1. Entity Name

FREKE-DEKE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90063 015 ***150.00

Principal Place of Business

Mailing Address

415 TIMBERPARK DRIVE
DAVENPORT FL 33837

POST OFFICE BOX 22043
LAKE BUENA VISTA FL 32830-2043

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

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 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 PD
NAME PARSONS, RICHARD L
STREET ADDRESS 415 TIMBERPARK DRIVE
CITY-ST-ZIP DAVENPORT FL 33837 ☐ Delete

TITLE PD
NAME Richard Parsons
STREET ADDRESS 90 Valley Falls
CITY-ST-ZIP Folsom, CA 95630 ☒ Change ☐ Addition

TITLE VSTD
NAME PARSONS, ERIKA
STREET ADDRESS 415 TIMBERPARK DRIVE
CITY-ST-ZIP DAVENPORT FL 33837 ☐ Delete

TITLE VSTD
NAME ERIKA PARSONS
STREET ADDRESS 90 Valley Falls
CITY-ST-ZIP Folsom CA 95630 ☒ Change ☐ Addition

TITLE D
NAME PARSONS, ROBERT M
STREET ADDRESS 415 TIMBERPARK DRIVE
CITY-ST-ZIP DAVENPORT FL 33837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME RICHBOURG, ROBERT M
STREET ADDRESS 415 TIMBERPARK DRIVE
CITY-ST-ZIP DAVENPORT FL 33837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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)(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:

Signature of Richard Parsons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 Apr 00
Date

Daytime Phone # 407-496-0522

CR2E034 (9/99)