

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108180

1. Entity Name

FRYWALL SERVICES, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90261 001 ***450.00

Principal Place of Business

2430 SLEEPY LANE
TALLAHASSEE FL 32310

Mailing Address

2430 SLEEPY LANE
TALLAHASSEE FL 32310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3537567

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRYE, DANA
2430 SLEEPY LANE
TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

Name

ROBERT FRYE

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

2430 Sleepy Lane

City

Tallahassee

FL

Zip Code

32310

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

Robert A. Frye

President

5/1/00

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

TITLE PD
NAME FRYE, ROBERT
STREET ADDRESS 2430 SLEEPY LANE
CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Delete

TITLE ST
NAME FRYE, DANA
STREET ADDRESS 2430 SLEEPY LANE
CITY-ST-ZIP TALLAHASSEE FL 32310 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *City President*
NAME *Raymond Leon Lewis* ☐ Change ☒ Addition
STREET ADDRESS 712 Flag Street
CITY-ST-ZIP Tallahassee, FL 32311

TITLE *Dwight Blair (Secretary)* ☐ Change ☒ Addition
NAME
STREET ADDRESS 1278 Mayberry Lane - Lot 30
CITY-ST-ZIP Tallahassee, FL 32304

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

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

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

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)(f), 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:

Robert A. Frye
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)