

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010497

1. Entity Name  
**FRAJON VALVES, INC.**

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90029 020 \*\*\*163.75

Principal Place of Business

Mailing Address

**171 COMMERCIAL BOULEVARD  
NAPLES FL 34104-4764**

**171 COMMERCIAL BOULEVARD  
NAPLES FL 34104-4764**

2. Principal Place of Business

3. Mailing Address

**PO Box 9049**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**NAPLES FLORIDA**

4. FEI Number **65-0899290**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34101-9049**

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

**WOLFF, CASEY  
801 ANCHOR RODE DR. STE. 203  
NAPLES FL 34103**

Name **JOHNSTON, ELZA W**

Street Address (P.O. Box Number is Not Acceptable)  
**171 COMMERCIAL BLVD**

City **NAPLES**

FL

Zip Code **34104**

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 **WEE Johnston**

**ELZA W JOHNSTON**

**2/20/01.**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **JOHNSTON, ELZA**  
STREET ADDRESS **P O BOX 1205**  
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☒ Addition  
NAME **JOHNSTON, ELZA W**  
STREET ADDRESS **171 COMMERCIAL BLVD**  
CITY-ST-ZIP **NAPLES FL 34104 - 4764**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: **WEE Johnston ELZA W. JOHNSTON**

**2/20/01.**

**941-403-9188**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)