2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachn

SIGNATURE:

Feb 20, 2002 8:00 am Secretary of State P99000033253 **DOCUMENT #** 1. Entity Name FRITZEE FREEZE OF DUNEDIN, INC. 02-20-2002 90058 037 ***150.00 Principal Place of Business Mailing Address 368 PATRICIA AVE. 368 PATRICIA AVE. **DUNEDIN FL 34698 DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3572429 Not Applicable \$8:75 Additional Zip ... Country ... 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLARK, GREGORY D ESQ. 18167 US 19 NORTH, SUITE 560 ahland **CLEARWATER FL 33764** w submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10: Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Change Addition TITLE ☐ Delete CARLSON, CRAIG 2101 Surset Point Road, Unit 1202 Carlson, Graig NAME NAME 2580 REDWOOD CIR. STREET ADDRESS STREET ADDRESS learwater, FL 33765 CLEARWATER FL 53763 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE CARLSON, DOROTHY 2101 Sunset Point Road, Unit 1202 CARLSTON, DOROTHY NAME NAME 2580 REDWOOD CIR. STREET ADDRESS STREET ADDRESS CLEARWATER FL 33763 CITY-ST-ZIP CITY-ST-7IP learwater-FL 33765 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED