

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
 01-25-2000 90037 049 ***150.00

DOCUMENT # P99000034602

1. Entity Name

FRYE FINANCIAL SERVICES, INC.

Principal Place of Business

**4325 CHANCELLOR STREET NORTHEAST
 ST. PETERSBURG FL 33703**

Mailing Address

**4325 CHANCELLOR STREET NORTHEAST
 ST. PETERSBURG FL 33703**

2. Principal Place of Business

Chancellor

Suite, Apt. #, etc.

3. Mailing Address

Chancellor

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3571705

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Marc D. Frye

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

4325 Chancellor Street

City

St. Petersburg

FL

Zip Code

33703

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]
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-2000

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PTD
 FRYE, MARC D
 4325 CHANCELLOR STREET NORTHEAST
 ST. PETERSBURG FL 33703**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**SVD
 FRYE, JACQUELINE A
 4325 CHANCELLOR STREET NORTHEAST
 ST. PETERSBURG FL 33703**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ 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 REQUIRED MARC FRYE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00 727-576-0999

Date

Daytime Phone #