

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PPA000055323**

1. Entity Name

FRICITRANS, INC.

APPROVED
AND
FILED

Boyle

Principal Place of Business

Mailing Address

2058 RONALD C

SEFFNER FL 33584

00 OCT 30 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

522176981

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

7. Name and Address of New Registered Agent

MICHAEL BOYLE
SAME AS ABOVE
2058 Ronald Ctr
Seffner, FL 33584

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 ☐ Delete
NAME **PKS.**
STREET ADDRESS **MICHAEL BOYLE**
CITY-ST-ZIP **2058 RONALD C**
SEFFNER FL 33584

TITLE ☐ Change ☐ Addition
NAME **900003456139**
STREET ADDRESS **-11/07/00--01121--004**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 25, 2000

FRIGITRANS, INC.
C/O MICHAEL BOYLE
2058 RONALD CIR
SEFFNER, FL 33584

SUBJECT: FRIGITRANS, INC.
Ref. Number: P99000055323

Pursuant to our telephone conversation of September 25, 2000, I am enclosing a blank 2000 uniform business report.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Michelle Milligan
Document Specialist

Letter Number: 400A00050232

MS. Milligan,

This is the first year of this Corp. I am just a one person co. didn't realize now as I aware of the nec. to do an annual report

Enclosed Please find Ch to Sup Sec for the

Annual Rpt.

Was also having a problem w/ mail of Corp Del to Home

Address. don't they we'll have the Pub. in future