

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90069 045 ***150.00

DOCUMENT # P99000074868

1. Entity Name

KENN FRASER GIFTS AND COLLECTIBLES, INC.

Principal Place of Business

**1214 MINNESOTA AVE.
ST. CLOUD FL 34769**

Mailing Address

**1214 MINNESOTA AVE.
ST. CLOUD FL 34769**

2. Principal Place of Business

1129 Pennsylvania Ave
Suite, Apt. #, etc.

3. Mailing Address

1129 Pennsylvania Ave
Suite, Apt. #, etc.

City & State

St Cloud FL

City & State

St Cloud FL

Zip

34769

Country

Zip

34769

Country

4. FEI Number

59-3589013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRASER, CRAIG
1214 MINNESOTA AVE.
ST. CLOUD FL 34769**

7. Name and Address of New Registered Agent

Name

Craig Fraser

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

1129 Pennsylvania Ave

City

st cloud

FL

Zip Code

34769

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

Craig Fraser

Craig Fraser (owner)

4/28/01

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

TITLE **D** ☐ Delete
NAME **FRASER, CRAIG**
STREET ADDRESS **1214 MINNESOTA AVE.**
CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE **P** ☐ Delete
NAME **KENN, ROBERT E**
STREET ADDRESS **1214 MINNESOTA AVE**
CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Owner (D)** ☒ Change ☐ Addition
NAME **Fraser, Craig**
STREET ADDRESS **1129 Pennsylvania Ave**
CITY-ST-ZIP **st cloud FL 34769**

TITLE **Owner (P)** ☒ Change ☐ Addition
NAME **Kenn, Robert E**
STREET ADDRESS **1129 Pennsylvania Ave**
CITY-ST-ZIP **st cloud FL 34769**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Craig Fraser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01
Date

407-891-7511
Daytime Phone #

CR2E034 (10/00)