

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/26/00-90204-033-\$150.00-\$150.00

DOCUMENT # P99000092622

1. Entity Name

RFR SALES CONSULTANTS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 MAR 30 AM 9:35

00003420

Principal Place of Business 1617 RIDGEWOOD AVE.,STE.E202 HOLLY HILL FL 32117		Mailing Address 1617 RIDGEWOOD AVE.,STE.E202 HOLLY HILL FL 32117-5409	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3600213** Applied For ☐ Not Applied For ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>FRYE, CHARLES A</b> 1617 RIDGEWOOD AVE.,STE.E202 HOLLY HILL FL 32117		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City	
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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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FRYE, CHARLES A</b> <b>1617 RIDGEWOOD AVE.,STE.E202</b> <b>HOLLY HILL FL 32117</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Charles A. Frye Date 1-17-00 Daytime Phone # 904-258-1815