

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
 01-31-2001 90042 037 ***150.00

0430310

DOCUMENT # S01729

1. Entity Name

FRV & COMPANY OF FLORIDA, INC.

Principal Place of Business

**11525 AUDUBOND LANE
 CLERMONT FL 34711
 US**

Mailing Address

**11525 AUDUBOND LANE
 CLERMONT FL 34711
 US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 120925

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT - FL

Zip

Country

Zip

Country

34712-0925 USA

4. FEI Number

65-0218461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ESTHER S
 11525 AUDUBOND LANE
 CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name **FRANCISCO RODRIGUEZ**

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

11525 Audubond Lane

City **CLERMONT**

FL

Zip Code **34711**

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)

1/4/01

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	P	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ESTHER S	
STREET ADDRESS	11525 AUDUBOND LANE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ESTHER S	
STREET ADDRESS	18331 PINES BLVD. #192	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCISCO RODRIGUEZ	
STREET ADDRESS	11525 Audubond Lane	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRANCISCO RODRIGUEZ **1/4/01 352 242 995**

CR2E034 (10/00)