

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90154 041 \*\*\*150.00

DOCUMENT # S16541

1. Entity Name

FREY & COMPANY, P.A.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

500 WESTSHORE BLVD.

Suite, Apt. #, etc.

700

City & State

TAMPA FL

Zip

33609

Country

USA

3. Mailing Address

500 WESTSHORE BLVD.

Suite, Apt. #, etc.

700

City & State

TAMPA FL

Zip

33609

Country

USA

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4. FEI Number

59-3040795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

FREY, ROBERT H.

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

500 WESTSHORE BLVD.

SUITE 700

City

TAMPA, FL 33609

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSD  
FREY, ROBERT H.  
500 WESTSHORE BLVD., #700  
TAMPA, FL 33609

TITLE  
NAME  
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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

*Robert H. Frey*

ROBERT H. FREY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/03

Date

(813) 282-3960

Daytime Phone #

CR2E034B (12/02)