2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ATURE AND TYPED OF PRINTED NAME OF

Mar 01, 2001 8:00 am Secretary of State **DOCUMENT # \$72178** 1. Entity Name FRAZIER ENTERPRISES OF INDIAN RIVER COUNTY, INC. 03-01-2001 90001 037 ***150.00 Mailing Address Principal Place of Business 31 ROYAL PALM BOULEVARD 31 ROYAL PALM BOULEVARD VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address 3103 Cardlnal Drive 3103 Cardinal Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0277392 Vero Beach Vero Beach FL Not Applicable Country \$8.75 Additional ^{Zip} 3a9ゅろ 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Joan FRAZIER, JOAN F. Street Address (P.O. Box Number is Not Acceptable) 31 ROYAL PALM BOULEVARD VERO BEACH FL 32960 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 (NOTE: Registered Agent sig FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PTD TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME FRAZIER, JOAN F. STREET ADDRESS STREET ADDRESS 31 ROYAL PALM BOULEVARD CITY-ST-7IP CITY-ST-ZIP VERO BEACH FL ☐ Addition SD TITLE Change ☐ Delete TITLE FRAZIER, WILLIAM H. NAME NAME STREET ADDRESS STREET ADDRESS 31 ROYAL PALM BOULEVARD CITY-ST-7IP CITY-ST-ZIP VERO BEACH FL Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

loan F. Fraguer

ICER OR DIRECTOR

FILED