

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90002 022 \*\*\*150.00

**DOCUMENT # V08705**

1. Entity Name

**FRAYNE ENTERPRISES, INC.**

Principal Place of Business

**/ 2154 US 19 NORTH  
 BAYONET POINT FL 34667**

Mailing Address

**/ 2154 US 19 NORTH  
 BAYONET POINT FL 34667  
 US**

2. Principal Place of Business

**12154 U.S. 19 NORTH**  
 Suite, Apt. #, etc.

3. Mailing Address

**12154 U.S. 19 NORTH**  
 Suite, Apt. #, etc.

City & State

**BAYONET POINT FL**

City & State

**BAYONET POINT**

Zip

**34667**

Country

**PASCO**

Zip

**34667**

Country

**PASCO**

4. FEI Number

**59-3102521**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MORTON, REBECCA F.**

**/ 2154 US 19 NORTH  
 BAYONET POINT FL 34667**

7. Name and Address of New Registered Agent

Name

**JEFFERY P. FRAYNE**

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

**12154 U.S. 19 NORTH**

City

**BAYONET POINT**

FL

Zip Code

**34667**

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

**JEFFERY P. FRAYNE** *Per*

(NOTE: Registered Agent signature required when reinstating)

**4-11-02**  
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP FRAYNE, ELVIRA S 6201 IMPERIAL KEY TAMPA FL 33615</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D THOMAS, DELORES L 1115 PENNSYLVANIA AVENUE PALM HARBOR FL 34683</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D THOMAS, JAMES B 1115 PENNSYLVANIA AVENUE PALM HARBOR FL 34683</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST FRAYNE, JEFFERY 6201 IMPERIAL KEY TAMPA FL 33615</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**  
 SIGNATURE AND FULLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-02 727-863-2341**  
 Date Daytime Phone #

CR2E034 (9/01)