

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90157 002 ***150.00

DOCUMENT # V64405

1. Entity Name

CHARLES FRY INC.



Principal Place of Business

**4688 RUMMELL RD
ST. CLOUD FL 34771**

Mailing Address

**4688 RUMMELL RD
ST. CLOUD FL 34771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3152275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRY, CHARLES
4688 RUMMELL RD
ST. CLOUD FL 34771**

Name

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

City

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FRY, CHARLES	
STREET ADDRESS	4688 RUMMELL RD	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	ST GRACE L	<input type="checkbox"/> Delete
NAME	FRY, GRACE L	
STREET ADDRESS	4688 RUMMELL RD	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE	KATHRYN CHARLES	<input type="checkbox"/> Delete
NAME	KATHRYN CHARLES	
STREET ADDRESS	4688 RUMMELL RD	
CITY-ST-ZIP	ST. CLOUD FL 34771	
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	ST GRACE L	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRY, GRACE L	
STREET ADDRESS	4688 RUMMELL RD	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	KATHRYN CHARLES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHRYN CHARLES	
STREET ADDRESS	4688 RUMMELL RD	
CITY-ST-ZIP	ST. CLOUD FL 34771	
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		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHARLES FRY RECORDED

FRY

1-27-03 407 892-8494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)