

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90311 026 \*\*\*150.00

0043007

DOCUMENT # **P96000021984**

1. Entity Name  
**DG FRAMING, INC.**

Principal Place of Business      Mailing Address  
**317 SANDPIPER DRIVE**      **317 SANDPIPER DRIVE**  
**CASSELBERRY FL 32707**      **CASSELBERRY FL 32707**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3378050**      Applied For  
 Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Due re  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, J. GARY**  
**2699 LEE ROAD**  
**SUITE 120**  
**WINTER PARK FL**

Name  
 Street Address (P.O. Box Numbers Not Acceptable)  
 City      State      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

SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and the preparer      (NOTE: Registered Agent's printed name when remaining)      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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D</b> <b>GIORDANO, LOUIS SR</b> 317 SANDPIPER DRIVE CASSELBERRY FL 32707	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>D</b> <b>GIORDANO, DEBORAH L</b> 317 SANDPIPER DRIVE CASSELBERRY FL 32707	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Louis Giordano Sr.*      **LOUIS GIORDANO SR.**      4/18/01      407-695-7187  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #

CR2E034 (10/00)