2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

LAKELAND FL 33803

1834 SOUTH FLORIDA AVENUE

321005 DOCUMENT

1. Entity Name

Principal Place of Business

LAKELAND FL 33803

1834 SOUTH FLORIDA AVENUE

LAKELAND PICTURE FRAMING INC



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90144 018 ***150.00

20032103

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP									
City & State Country S. Certificate of Status Desired \$8.75 Additional report of State Sta			3. Mailing Address) (1881) (1881) 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1	OLINIA BIRNI RIBAN BIRNI A		
The Address of Current Registered Agent Single Address of New Registered Agent Name and Address of New Register			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
E. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PROCTOR_DENNIS L 1834 S F LORIDA A/E LAKELAND FL 33803 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the chaligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the chaligations of registered agent. SIGNATURE Submits have private reme in gasted agreed. SIGNATURE FILE NOW!!! FEE is \$150.00 After May 1, 2003 Fee will be \$55.00 May Be Added to Fees Address Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITIE NAME PROCTOR_DENNIS L STRET ADDRESS CITY-ST-2P TIME NAME STRET ADDRESS CITY-ST-2P TIME Charge Addition Charge Addition Charge Addition Charge Addition Charge Addition Charge Charge Addition Charge Addition Charge	City & State	9	City & State		4.	FEI Number 59-1213519	<u> </u>		-
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PROCTOR,DENNIS L 1834 S FLORIDA AVE LAKELAND FL 33803 City FL Zip Code		6. Name and Address of Curren	t Registered Agent		7.	Name and Address of New Registe	red Agent]
1834 S FLORIDA AVE LAKELAND FL 33803 City FL Zip Code City FL Zi	4.74			- Name	Name				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. SIGNATURE Signature hyad or printed name of registered agent. OKOTE Registered Apent signature required when nonclaring) DATE	1834 S Fl	ORIDA AVE	Stree		t Address (P.O. E	Iress (P.O. Box Number is Not Acceptable)			
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review certify that the information supplied with this filling 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 suppliemental 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 of 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: