

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90579 027 \*\*\*150.00

**DOCUMENT # 587590**

1. Entity Name  
**LUDWIG FRAMEMAKERS, INC.**

Principal Place of Business      Mailing Address  
**1299 S. DIXIE HWY.**      **1299 S. DIXIE HWY.**  
**DEERFIELD BEACH FL 33441**      **DEERFIELD BEACH FL 33441**

**C0020674**



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 **59-1850299**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LUDWIG, ALAN**  
**1299 S. DIXIE HWY.**  
**DEERFIELD BEACH FL 33441**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

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**

TITLE **P**  Delete  
 NAME **LUDWIG, ALAN**  
 STREET ADDRESS **4201 N.W. 5TH AVENUE**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

Change  Addition  
 TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **VP**  Delete  
 NAME **LUDWIG, LINDA E**  
 STREET ADDRESS **4201 NW 5TH AVE**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

Change  Addition  
 TITLE \_\_\_\_\_  
 NAME **LINDA E LUDWIG.**  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

Change  Addition  
 TITLE \_\_\_\_\_  
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TITLE \_\_\_\_\_  Delete  
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TITLE \_\_\_\_\_  Delete  
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Change  Addition  
 TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

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: *Alan M Ludwig* **PRESIDENT**      2/8/01      954-421-6966  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)