## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 27, 2001 8:00 am DOCUMENT # **J13847 Secretary of State** 1. Entity Name B & C FRAME AND TRIM, INC. 03-27-2001 90656 010 \*\*\*150.00 Principal Place of Business Mailing Address 11429 PITCAIRN ST. 11429 PITCAIRN ST. **BROOKSVILLE FL 34613** BROOKSVILLE FL 34613 UUUUU441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2677286 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ----- 6.-Name and Address of Current Registered Agent -7:- Name and Address of New Registered Agent COULTON, RICHARD Street Address (P.O. Box Number is Not Acceptable) 11429 PITCAIRN ST. **BROOKSVILLE FL 34613** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) Addition TITLE Delete TITLE ☐ Change COULTON, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 11429 PITCAIRN ST CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL** TITLE Delete TITLE Change Addition COULTON, RICHARD NAME NAME STREET ADDRESS 11429 PITCAIRN ST. STREET ADDRESS CITY-ST-ZIP BROOKSVILLE FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.