


FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90096 002 ***150.00

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

DOCUMENT # J80865			
1. Entity Name SAUTER FRAMING, INC.			
Principal Place of Business 6981 S ALOYSIA AVENUE FLORAL CITY FL 34436-2843 US		Mailing Address 6981 S ALOYSIA AVENUE FLORAL CITY FL 34436-2843 US	
2. Principal Place of Business 6982 E LEANING OAK CT Suite, Apt. #, etc.		3. Mailing Address 6982 E LEANING OAK CT Suite, Apt. #, etc.	
City & State INVERNESS FL		City & State INVERNESS FL	
Zip 34453-1216		Country USA	
4. FEI Number 59-2840029		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SAUTER, TIM K. 6981 S ALOYSIA AVENUE FLORAL CITY FL 34436			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6982 E LEANING OAK CT City INVERNESS FL Zip Code 34453			
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SAUTER, TIM K. 6981 S ALOYSIA AVENUE FLORAL CITY FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP 6982 E LEANING OAK CT INVERNESS FL 34453-1216	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: TIM K. SAUTER		Date 6-23-03 Daytime Phone # 352-726-7871	