2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 24, 2000 8:00 am Secretary of State **DOCUMENT # K53578** 1. Entity Name FLAMINGO FRAMING, INC. 04-24-2000 90162 005 ***150.00 Principal Place of Business Mailing Address C/O JANET K. GRIMM C/O JANET K. GRIMM 809 VIRGINIA DRIVE **809 VIRGINIA DRIVE** ORLANDO FL 32803-2529 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2920709 Not Applicable 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 Name GRIMM, JANET K. Street Address (P.O. Box Number is Not Acceptable) 809 VIRGINIAL DRIVE ORLANDO FL 32803 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI F Change Addition TITLE Delete GRIMM, JANET K. NAME NAME STREET ADDRESS 809 VIRGINIA DR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE GRIMM, JANET K. NAME NAME 809 VIRGINIA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP VPD Change ☐ Addition ☐ Delete TITLE TITLE GRIMM, JANET K NAME NAME **809 VIRGINIA DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 37803 CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Change ☐ Delete 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 his 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 ampowered.