

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90188 034 \*\*\*\*50.00

0041912

**DOCUMENT # L00000005499**

1. Entity Name

**MILLSTONE FRAMING, LLC**



Principal Place of Business

**2073 PORTER LAKE DRIVE, UNIT C  
SARASOTA FL 34240**

Mailing Address

**2073 PORTER LAKE DRIVE, UNIT C  
SARASOTA FL 34240**

2. Principal Place of Business

**395 COMMERCIAL COURT**

3. Mailing Address

**395 COMMERCIAL COURT**

Suite, Apt. #, etc.

**SUITE D**

Suite, Apt. #, etc.

**SUITE D**

City & State

**VENICE FL**

City & State

**VENICE, FL**

Zip

**34292**

Country

**USA**

Zip

**34292**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1008681**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NAPOLITANO & COOPER, P.A.  
100 WALLACE AVE. SUITE 240  
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name: **Stephen K. Boone**  
**BOONE, BOONE, BOONE, HINES & KODA PA**  
Street Address (P.O. Box Number is Not Acceptable)  
**1001 AVE DEL CIRCO**  
**P.O. BOX 1596**  
City **VENICE** FL Zip Code **34285**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR MONTGOMERY, ROBERT 2073 PORTER LAKE DRIVE, UNIT C SARASOTA FL 34240</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR ADRIAN, DENNIS 2073 PORTER LAKE DRIVE, UNIT C SARASOTA FL 34240</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: DENNIS ADRIAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/5/03**

Date

**(941) 485-6507**

Daytime Phone #

CR2E083 (10/02)