

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003615

1. Entity Name

FRAMEWORKS ALLIANCE, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90310 035 ****61.25

Principal Place of Business

Mailing Address

1906 E ROBINSON ST
ORLANDO FL 32804
US

1906 E ROBINSON ST
ORLANDO FL 32803-5936
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3257617

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JOYNER, BRENDA
1890 N PRAIRIE DUNES CT
OVIEDO FL 32765

Name

Myles J. Neff

Street Address (P.O. Box Number is Not Acceptable)

8775 N.W. 60th Ave.

City

Ocala

FL

Zip Code

32675

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME NEFF, JASON ☐ Delete
STREET ADDRESS 1906 E ROBINSON ST
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME JOYNER, BRENDA ☐ Delete
STREET ADDRESS 1890 N. PRAIRIE DUNES COURT
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☒ Change ☐ Addition
NAME VD
STREET ADDRESS Phillip Mastrella
CITY-ST-ZIP 1906 E. Robinson St.
Orlando, FL. 32803

TITLE SD
NAME MALFA, MEL ☐ Delete
STREET ADDRESS 1906 E ROBINSON ST
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME JOYNER, BRENDA
STREET ADDRESS 1890 N PRAIRIE DUNES CT
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)