

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003615

1. Entity Name

FRAMEWORKS ALLIANCE, INC.

Principal Place of Business

1906 E ROBINSON ST
ORLANDO FL 32804
US

Mailing Address

1906 E ROBINSON ST
ORLANDO FL 32804
US

2. Principal Place of Business

2420 E. Jefferson St.

3. Mailing Address

2420 E. Jefferson St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3257617

Applied For

Not Applicable

Zip

32803

Country

US

Zip

32803

Country

US

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

NEFF, MYLES J
8775 NW 60TH AVE
OCALA FL 32675

Name

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

City

FL

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

Signature of registered agent 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	<input type="checkbox"/> Delete
NAME	NEFF, JASON	
STREET ADDRESS	1906 E ROBINSON ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JOYNER, BRENDA	
STREET ADDRESS	1890 N. PRAIRIE DUNES COURT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MALFA, MEL	
STREET ADDRESS	1906 E ROBINSON ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MASTRELLA, PHILLIP	
STREET ADDRESS	1706 E ROBINSON STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Victor Perez	
STREET ADDRESS	1434 E. Gore St. #1	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly Stevens	
STREET ADDRESS	213 Whittier Circle	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)