

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000058876

1. Entity Name
B & E FRAME AND TRIM, INC.

Principal Place of Business: **10045 DEER LANE, NEW PORT RICHEY FL 34654**
Mailing Address: **10045 DEER LANE, NEW PORT RICHEY FL 34654**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 24 PM 5:10



REINSTATEMENT 01
DO NOT WRITE IN THIS SPACE

4. FEI Number: **39-365-3921** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SHERRILL, MAUREEN L
10045 DEER LANE
NEW PORT RICHEY FL 34654**

7. Name and Address of New Registered Agent
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: *Maureen Sherrill* DATE: **10/19/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$650.00 - After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: SHERRILL, WILIAM A STREET ADDRESS: 10045 DEER LANE CITY-ST-ZIP: NEW PORT RICHEY FL 34654	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: MAYBERRY, EDWARD L STREET ADDRESS: 9150 KIOWA ST. CITY-ST-ZIP: NEW PORT RICHEY FL 34564	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: SHERRILL, MAUREEN L STREET ADDRESS: 10045 DEER LANE CITY-ST-ZIP: NEW PORT RICHEY FL 34654	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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******750.00 ****750.00**

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 this 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 empowered.

SIGNATURE: *William A. Sherrill* DATE: **10/2/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0128703 AT

CR2E034 (5/01)