

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064658

1. Entity Name
L C FRAMING & REMODELING, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90034 022 ***150.00

Principal Place of Business
4110 HANK STREET
SARASOTA FL 34235

Mailing Address
P O BOX 14015
SARASOTA FL 34278

907979



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-1019008

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANGDON, ALLEN E
125 FIRST AVE
NOLOMIS FL 34275

7. Name and Address of New Registered Agent

Name ELIZABETH J. Clinton

Street Address (P.O. Box Number is Not Acceptable)
4110 Hank Street

City Sarasota

FL

Zip Code 34235

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 *Elizabeth J. Clinton*
Signature typed or printed name of registered agent and title if applicable

Elizabeth J. Clinton

(NOTE: Registered Agent signature required when reinstating)

01/22/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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

TITLE D
NAME CLINTON, LARRY F
STREET ADDRESS P O BOX 14015
CITY-ST-ZIP SARASOTA FL 34278 ☐ Delete

TITLE D
NAME CLINTON, ELIZABETH J
STREET ADDRESS P O BOX 14015
CITY-ST-ZIP SARASOTA FL 34278 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: *Elizabeth J. Clinton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/01

Date

941-351-8414

Daytime Phone #

CR2E034 (10/00)