## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P00000072510

1. Entity Name



## **FILED** Jan 14, 2003 8:00 am Secretary of State

01-14-2003 90049 014 \*\*\*150.00

Zip Country Zip Country Sip Country Sip Country Signer Address of Status Desired Status Desired Status Desired Signer Signer Signer Status Desired Signer Signer Status Desired Signer Signer Signer Status Desired Signer Signer Status Desired Signer Signer Status Desired Signer Signer Status Desired Signer Signer Signer Status Signer Status Desired Signer Signer Signer Signer Signer Status Signer Address Sign	1000	MORELAND FRAMING, INC.			
Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES   City & State   City & Cit	3648 VERA	NVAL AVE	3648 VERAVAL AVE		
Surie, Apt. #, etc.   City & State   City & City & State   City & City & State   City & City	2. Principa	Place of Business	3. Mailing Address		
City & State  City & State  City & State  City & State  Country  Zo  Country  Zo  Country  So  So Conflicate of Status Desired  See Rogular  Applied to Fee Rogular  Applied To See Rogular  Sirect Address (P.O. Box Number is Not Acceptable)  City  FL  Zo Codo  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zo Codo  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zo Codo  Signature  Signa	Suite, A	ot: #, etc.	Suite Apt # etc		
Zip Country Zip Country Space   Section   Sect	City 8 C		ouite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
See Additional Fee Regulated  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Name Address of New Registered Agent  9. Name Address of New Registered Agent  9. Name Address of New Registered  9. Name Address o	Oity & Si	late	City & State		4. FEI Number 50-3660413 Applied For
See Required   See	Zip	Country	Zip	Country	Not Applicat
MORELAND, TODD 3648 VERAVAL AVE ORLANDO FL 32817  City FL Zip Code  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. Lam familiar with, and acceptable into obligations of registered agent.  SIGNATURE  Spraws, tipe or preservance of registered agent and live if applicable.  PART   Application   April September   April Sept		6. Name and Address of Current Rec	Istered Agent		Fee Required
Streat 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. I am familiar walth, and acceptable into obligations of registered agent, or both, in the State of Florida. I am familiar walth, and acceptable into obligations of registered agent, or both, in the State of Florida. I am familiar walth, and acceptable into obligations of registered agent, or both, in the State of Florida. I am familiar walth, and acceptable into obligations of registered agent, or both, in the State of Florida. I am familiar walth, and acceptable into obligations of registered agent, or both, in the State of Florida. I am familiar walth, and acceptable into obligations of registered agent, or both, in the State of Florida. I am familiar walth, and acceptable into obligations of registered agent, or both, in the State of Florida. I am familiar walth, and acceptable into obligations of registered agent, or both, in the State of Florida. I am familiar walth, and acceptable into obligations of registered agent, or both, in the State of Florida. I am familiar walth, and acceptable into obligations of registered agent, or both, in the State of Florida. I am familiar walth, and acceptable into obligations of registered agent, or both in the State of Florida. I am familiar walth, and acceptable into obligations of registered agent, or both in the State of Florida. I am familiar walth, and acceptable into obligations of registered agent, or both in the State of Florida. I am familiar walth, and acceptable into obligations of registered agent, or both in the State of Florida. I am familiar walth, and acceptable into obligations of registered agent, or both in the State of Florida. I am familiar walth, and acceptable into obligations of registered agent, or both in the State of Florida. I am familiar walth, and acceptable into obligations of registered agent, or both in the State of	MOREL A			Name	Name and Address of New Registered Agent
ORIANDO FL 32817  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. I am familiar with, and acce the obligations of registered agent.  SIGNATURE  Signature, hyper or printed name of registered agent and to a statication. (NOTE Pregniture required when remaining). DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  NAME OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  D MORELAND, TODD 368 VERAVAL AVE ORIANDO FL 32817  TILL  NAME SIREET ADDRESS OTY 51-2P  TILL  NAME SIREET ADD				Street Add	fress (P.O. Box Number is Not Acceptable)
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent.  SIGNATURE    Superior of printed name of registered agent and title 8 applicable.   (NOTE Registered Agent Signature required when restating)   DATE	ORLAND	O FL 32817		<del></del>	
THE NAME STREET ADDRESS OFFY-ST-ZP  TITLE  MAME STREET ADDRESS OFFY-ST-ZP  TITLE  TITLE  MAME STREET ADDRESS OFFY-ST-ZP  TITLE  TITLE  MAME STREET ADDRESS OFFY-ST-ZP  TITLE  TITLE  TITLE  MAME STREET ADDRESS OFFY-ST-ZP  TITLE  TITLE  TITLE  TITLE	1			City	
SIGNATURE    Signature. hypod or printed name of registered agent and take it applicable.   NOTE Registered Agent signature required when reinstature)   DATE	8. The abov	e named entity submits this statement for the	purpose of changing it	s registered office or re	raistered agent or both in the State 451
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Cheek Payable to Florida Department of State  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE MORELAND, TODD 3648 VERAVAL AVE ORLANDO FI, 22817  TILE NAME NAME NAME STREET ADDRESS CITY-ST-2IP TILE NAME NAME NAME NAME STREET ADDRESS CITY-ST-2IP TILE NAME NAME NAME STREET ADDRESS CITY-ST-2IP TILE NAME NAME NAME STREET ADDRESS CITY-ST-2IP TILE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-2IP TILE NAME NAME NAME NAME NAME NAME NAME NAM			-		good agant, or both, in the State of Florida. I am familiar with, and accep
STREET NOW!!!   FEE IS \$150.00	SIGNATURE	Signature, typed or printed name of registered agent and title	e if applicable. (NO	TE: Registered Agent signature	
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NAME SIRRET ADDRESS CITY-S1-2IP  CITY-S1-2IP  CITY-S1-2IP  CITY-	F	TILE NOW!!! FEE IS \$150.00			DATE
TILE MORELAND, TODD 3648 VERAVAL AVE ORLANDO FL 32817  TILE MORELAND, TODD 3648 VERAVAL AVE ORLANDO FL 32817  TILE NAME STREET ADDRESS CITY-ST-ZIP	Afte Make Check	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Denartment of Sto	s		
MORELAND, TODD 3648 VERAVAL AVE ORLANDO FL 32817  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE N			i	111	
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM		D		<del></del>	
CITY-ST-ZIP  TILE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRE	-	3648 VERAVAL AVE			☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		ORLANDO FL 32817			
STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS			☐ Delete	TITLE	Change Addition
CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM				4	Consider Magniture
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME					
STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME  TITLE NAME NAME NAME  TITLE NAME NAME	ſ	to the way to be an out to be a second	☐ Delete		Channe Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME  TITLE NAME NAME  TITLE NAME NAME  TITLE NAME NAME  TITLE NAME NAME	1				_ volution
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME  TITLE NAME  TITLE NAME  TITLE NAME  TITLE NAME  TITLE NAME			<del></del>		
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE IAME ITTLE IAME IAME IAME IAME IAME IAME IAME IAM			☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME  TITLE NAME NAME  TITLE NAME  TO Delete  TITLE NAME  NAME					
NAME STREET ADDRESS CITY-ST-ZIP  ITLE IAME ITREET ADDRESS CITY-ST-ZIP  Delete  TITLE IAME ITREET ADDRESS CITY-ST-ZIP  Change Addition					
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	1		Delete		Change Addition
CITY-ST-ZIP  ITILE  IAME  ITILE  ITILE  ITILE  NAME  Change Addition	1			1	
AME L Delete TITLE  NAME  Change Addition					
TREET ADDRESS	1		☐ Delete	•	☐ Change ☐ Addition
■ STREFT ANDRESS I				NAME STREET ADDRESS	· Auditoli
2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the section 2000 of the corporation of the cor				CITY ST 7IP	

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 10 or Block 11 if

SIGNATURE: 2