FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91202 047 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095285

1. Entity Name
FRAMETEK OF SOUTHWEST FL, INC

DO NOT WRITE IN THIS SPACE

B0124252

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2. Principal Place of Business	3. Mailing Address
18246 CAMELLIA RD	18246 CAMELLIA RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS FL	City & State: FORT MYERS FL
Zip: 33912 Country:	Zip: 33912 Country:

4. FEI Number 65-1044728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: SOUTHWEST PROF SERVICES OF SO. FL INC
Street Address (P.O. Box Number is Not Acceptable): 13571 MCGREGOR BLVD #22
City: FORT MYERS FL Zip Code: 33919

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] Mitchell STOVRING 5/13/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	P. D.
NAME	TIMOTHY THOMAS
STREET ADDRESS	212 ANCHORAGE ST
CITY-ST-ZIP	FORT MYERS BEACH FL 33931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/16/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #