

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90263 019 ***150.00

DOCUMENT # P00000117818

1. Entity Name

PASCO FRAMING, INC.

Principal Place of Business

Mailing Address

3731 TACK DRIVE
 ZEPHYRHILLS FL 33543

3731 TACK DRIVE
 ZEPHYRHILLS FL 33543

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ZEPHYRHILLS, FL

ZEPHYRHILLS, FL

Zip

Country

Zip

Country

33543

PASCO

33543

PASCO

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, DAVID J ESQ
 14217 THIRD STREET
 DADE CITY FL 33523-3828

Name

MURPHY, DAVID J ESQ

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

14217 THIRD STREET

City

DADE CITY

FL

Zip Code

33523-3828

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, 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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS NEAL, MYRON M
 CITY-ST-ZIP 3731 TACK DRIVE
 ZEPHYRHILLS FL 33543

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (10/00)