## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED Aug 01, 2003 8:00 am

		Secretary of State
DOCUMENT # P0/000037		08-01-2003 90062 009 ***550.00
BIG TOG FRAMING, SX		
DO NOT WRITE IN THIS S	the second of the second	
2. Principal Place of Business  50 Sanbum Rd  3. Mailing Address  50 Suite. Apt. #, etc.  Suite, Apt. #, etc.	Banbuz Rol.	DO NOT WRITE IN THIS SPACE
City& State Jacksony. / FL Jackson	:lle FL	4. FEI Number         Applied For           5 9 - 36 9 1 3 7 9         Not Applicable
zio 32211 Country X Zig 32211	Country	5. Certificate of Status Desired See Required Fee Required
		7. Name and Address of Current Registered Agent
DO NOT WRITE	LEC	anz Fischenich
	Street Address (F	P.O. Box Number is 19th Acceptable)
IN THIS SPACE		
	City Jac	K5001/1/e FL 20021)
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 accept the obligations of registered agent.		
The conganions of registered again.	÷	İ
SIGNATURE The signature, typed or spinted name of registered agent and title if applicable. (NOT	TE: Registered Agent signature required	when reinstating) DATE
January 1 - May 1 Fee is \$150.00  After May 1; Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS	a de la companya de l	
HILE President NAME Franz Fishenich	TIFLE NAME	
STREET ADDRESS 6750 Banbung Rd.	STREET ADDRESS	
TITLE Jackson Je Fc Sooll	CITY-ST-ZIP	
NAME	NAME	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE	TITLE	
NAME STREET ADDRESS	NAME STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	DO NOT WRITE
TITLE NAME	TIFLE	IN THIS SPACE
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CTY-ST-ZIP	
TITLE NAME	TITLE NAME	
STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY ST. ZIP	
TITLE	TITLE	
NAME	NAME	

12. 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 10 or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: + SIGNATURE AND

STREET ADDRESS

CITY-ST-ZIP