

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

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90904 006 ***150.00

DOCUMENT # P01000028139

1. Entity Name

FRAMEX E DEVELOPMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7480 OAK ST. NE

Suite, Apt. #, etc.

3. Mailing Address

4378 PARK BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST PETERSBURG FL

Zip

33702

Country

City & State

PINELLAS PARK FL

Zip

33781

Country

4. FEI Number

59-3705943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAROSLAW WILCZYNSKI

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

7480 OAK ST. NE

City

ST PETERSBURG

FL

Zip Code

33702

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 reappointing)

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
NAME
STREET ADDRESS
CITY- ST- ZIP
P
JAROSLAW WILCZYNSKI
7480 OAK ST NE
ST PETERSBURG FL 33702

TITLE
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CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed #

CR2E034B (12/01)