

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90006 006 ***158.75

059086 7AT

DOCUMENT # P01000035513

1. Entity Name
RICHARD DOUGLAS FRAMING, INC.

Principal Place of Business
21829 EAST COLONIAL DRIVE
CHRISTMAS FL 32709

Mailing Address
21829 EAST COLONIAL DRIVE
CHRISTMAS FL 32709

B0027946



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21829 EAST Colonial Dr.
 Suite, Apt. #, etc.

3. Mailing Address

21829 East Colonial Dr.
 Suite, Apt. #, etc.

City & State

Christmas - FL.

City & State

Christmas - FL.

4. FEI Number

59-3710785

Applied For

Not Applicable

Zip

32709

Country

ORANGE

Zip

32709

Country

Orange

5. Certificate of Status Desired

☒ **\$8.75 Additional**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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.

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, 2002 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

TITLE **PSTD** ☐ Delete
NAME **DOUGLAS, RICHARD J**
STREET ADDRESS **21829 EAST COLONIAL DRIVE**
CITY-ST-ZIP **CHRISTMAS FL 32709**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S.** ☐ Change ☒ Addition
NAME **MARTHA Douglas**
STREET ADDRESS **21829 EAST Colonial Dr.**
CITY-ST-ZIP **Christmas - FL 32709**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 reports 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

1-28-02 407-832-9554

Date

Daytime Phone #

CR2E034 (9/01)