

# 2002 UNIFORM BUSINESS REPORT (UBR)

0130011 AT

DOCUMENT # P01000038679

1. Entity Name  
W C FRAMING, INC.

APPROVAL  
AND  
FILES

02 AUG 13 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
7305 S.E. 110TH STREET ROAD  
BELLEVIEW FL 34420

Mailing Address  
POST OFFICE BOX 1658  
BELLEVIEW FL 34421

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

59-363 1481

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

WILCOX, RICHARD T  
7209 S.E. 110TH STREET ROAD  
BELLEVIEW FL 34420

## 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WILCOX, RICHARD T  
POST OFFICE BOX 1658  
BELLEVIEW FL 34421

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~500007174345~~  
~~-08/16/02-01078-002~~  
~~\*\*\*2350.00 \*\*\*\*150.00~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~500007174345~~  
~~-08/16/02-01078-002~~  
~~\*\*\*2350.00 \*\*\*\*550.00~~

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 REQUIRED**

Date

Daytime Phone #

CR2E034 (4/02)