

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000041082

1. Entity Name  
FRAME, INC.Principal Place of Business  
639 CHEOY LEE CIR.  
WINTER SPRINGS FL 32708Mailing Address  
639 CHEOY LEE CIR.  
WINTER SPRINGS FL 32708

Principal Place of Business <i>900 Fox Valley Drive</i>	Mailing Address <i>Post OFFICE Box 195219</i>
Suite, Apt. #, etc. <i>203</i>	Suite, Apt. #, etc.
City & State <i>Longwood, FL</i>	City & State <i>Winter Springs</i>
Zip <i>32779</i>	Zip <i>32719</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number  
*59-3714657*      Applied For  
Not Applicable5. Certificate of Status Desired     \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HARRISON, CHARLES R  
1413 TROVILLION AVE.  
WINTER PARK FL

## 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 State10. Election Campaign Financing  
Trust Fund Contribution:     \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	LESLIE, MATTHEW J	
STREET ADDRESS	639 CHEOY LEE CIR.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 file empowered.

SIGNATURE: *Matthew J. Leslie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/02 # (407)695-1155  
Date Daytime Phone #

CR2E034 (9/01)