

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90972 001 ***150.00

DOCUMENT # P01000093662

1. Entity Name

METRO FRAMING & DRYWALL, INC.



Principal Place of Business

380 W GRANT ST
ORLANDO FL 32806

Mailing Address

380 W GRANT ST
ORLANDO FL 32806

70024000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3744238

Applied For

Not-Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNSICKER, DARRYL
6617 NINA ROSA DRIVE
ORLANDO FL 32819

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNSICKER, DARRYL 380 W GRANT ST ORLANDO FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

70024000

#P0100009362

JOHN D. LYKKEBAK & ASSOCIATES

Certified Public Accountants

100 East Sybelia Avenue, Suite 160
Maitland, Florida 32751

Phone (407) 740-0226

Fax (407) 740-0647

To: Metro Framing & Drywall

Date: 2/5/03

TAX RETURN INSTRUCTIONS

File original return

* Please note items checked

* Copy is enclosed for your files

TAX RETURN SUBMITTED

Federal Form No.

State Form No.

X 2003 UBR

MAIL



Return & check

Return only

Internal Revenue Service

Ogden, UT 84201-0005

P.O. Box 660264

Dallas, TX 75266-0264

Ogden, UT 84201-0047

P.O. Box 660351

Dallas, TX 75266-0351

Austin, TX 73301

DUE DATE

Jan

May

Sept

Feb

June

Oct

Mar

July

Nov

Apr

Aug

Dec

X **TAX DUE**

Total Amount

\$ 150.-

X Pay with return

Deposit in your authorized commercial depository or
federal reserve bank before due date with Form 8109

Blacken Form #

&

Qtr

TAX OVERPAYMENT

Total amount

\$

Refunded to you

\$

Credited to next return

\$

Florida Dept. of Revenue

Unemployment Tax

5050 W. Tennessee Street

Tallahassee, FL 32399-0180

Tallahassee, FL 32399

Social Security Administration

Data Operations Center

Wilkes-Barre, PA 18769-0001

X **SIGN PAGE**

Any Officer, Partner, or Owner may sign

1 Line 12

X **MAKE CHECK PAYABLE TO**

U.S. Treasury

Florida U.C. Fund

Your authorized commercial bank depository or

Federal reserve bank

X Florida Dept. of State

X Division of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

There is a \$400- penalty if paid late!