FILED
Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90199 045 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000002918

1. Entity Name
FRAME PROS, INC.

Principal Place of Business	Mailing Address
1724 SPINNING WHEEL DR LUTZ, FL 33549	1724 SPINNING WHEEL DR LUTZ, FL 33549

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2727 W. Fletcher	2727 W. Fletcher
Suite, Apt. #, etc. 48L	Suite, Apt. #, etc. 48L
City & State Tampa, FL	City & State Tampa, FL
Zip 33618 Country US	Zip 33618 Country US

4. FEI Number 800028948 — 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
PIERCE, DARRIEN C ~~1724 SPINNING WHEEL DR~~ LUTZ, FL 33549	Name Pierce, Darrien C. Street Address (P.O. Box Number Is Not Acceptable) 2727 W. Fletcher #48L City Tampa FL Zip Code 33618

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] 3-17-03
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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD PIERCE, DARRIAN C 1724 SPINNING WHEEL DR LUTZ, FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Pierce, Darrien C 2727 W. Fletcher Ave #48L Tampa, FL 33618 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] Darrien Pierce 3-17-03 (727)709-7687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #