

# UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90075 003 \*\*\*150.00

DOCUMENT #

1. Entity Name

PO2000017376



L & S Framing, Inc

Principal Place of Business  
 901 LIGHTHOUSE RD.  
 FT. WALTON BCH FL 32547-3914

Mailing Address  
 901 LIGHTHOUSE RD.  
 FT. WALTON BCH FL 32547-3914



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

333 Cherie Court NW

Suite, Apt. #, etc.

333 Cherie Court NW

City & State

Fort Walton Beach, FL

City & State

Fort Walton Beach, FL

Zip

32548

Country

USA

Zip

32548

Country

USA

CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3595476

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

FANELLA, NICHOLAS R  
 434 TANGLEWOOD DR.  
 FT. WALTON BCH FL 32547

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 (11)

TITLE  Delete  
 NAME P  
 STREET ADDRESS SIMMONS, LEONARD  
 CITY-ST-ZIP 901 LIGHTHOUSE RD. 333 Cherie Court NW  
 FT. WALTON BCH FL 32547-3914 32548

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

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

4-27-03

Date

850-243-7334

Daytime Phone