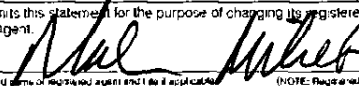
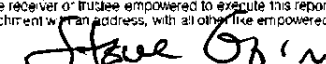


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91134 001 ***450.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

55028522

DOCUMENT # P02000026985			
1. Entity Name GORN'S FRAMING AND PHOTO RESTORATION, INC.			
Principal Place of Business 19638 STAR ISLAND DR. BOCA RATON, FL 33498		Mailing Address 19638 STAR ISLAND DR. BOCA RATON, FL 33498	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. Entity Number 02-0559394		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILROT, MARK B ESQ. 4421 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name MARK MILROT Street Address (P.O. Box Number is Not Acceptable) 1696 W. Hillsboro Blvd Deerfield Beach FL 33442	
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  DATE 4/16/03 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when necessary.)			
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 PRESIDENT STEVE GORN 19638 Star Island Drive BOCA RATON, FL 33498	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(h), 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 officers empowered.			
SIGNATURE: 		4/16/03 561-998-2402	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CH2034 (10/02)