

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90199 012 ***150.00

0583263 AV

DOCUMENT # P02000031841	
1. Entity Name PROFESSIONAL FRAMING SERVICES, INC.	

Principal Place of Business 16535 INSPIRATION LANE GROVELAND FL 34736	Mailing Address 16535 INSPIRATION LANE GROVELAND FL 34736
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2. Principal Place of Business	3. Mailing Address PO Box 434
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Groveland FL	City & State Groveland FL
Zip 34736	Country

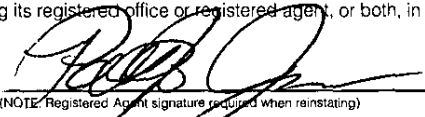


☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent JOLLEY, PAULA BEST KEPT BOOKS 1153 10TH STREET CLERMONT FL 34711	
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4. FEI Number 02-0578760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name PAUL J. Jernigan	
Street Address (P.O. Box Number is Not Acceptable) 953 10th St	
City Clermont	FL 34711

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, the registered agent.	
SIGNATURE 	DATE 4-22-03

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D DAVIS, TULLEY D 16535 INSPIRATION LANE GROVELAND FL 34736			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.	
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SIGNATURE: 	DATE 4-22-03	DAYTIME PHONE # 352 429-0963
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CR2E034 (10/02)