

FILED
Apr 17, 2003 8:00 am
Secretary of State

03-19-2003 90110 018 ***150.00

3/1

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

DOCUMENT # P02000051301

1. Entity Name
QUALITY CUSTOM FRAMING, INC.



Principal Place of Business
**2809 NORTH SECOND STREET
 NORTH FORT MYERS FL 33917**

Mailing Address
**2809 NORTH SECOND STREET
 NORTH FORT MYERS FL 33917**

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

02-0597819

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERRIN, DANIEL
 2809 NORTH SECOND STREET
 NORTH FORT MYERS FL 33917**

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 role if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$350.00
 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 HERRIN, DANIEL 2809 N. SECOND ST. N. FT. MYERS, FL 33917	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT HERRIN, KELLEY 2809 N. SECOND ST. N. FT. MYERS, FL 33917	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY HERRIN, DANA 2809 N. SECOND ST. N. FT. MYERS, FL 33917	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WHEELER, LAWRENCE } 2862 GRADY RD. } AS OF N. FT. MYERS, FL 33917 } 2003	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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		☐ Change ☐ Addition
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)(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 Required

3-15-03

Date

239.997-5324

Daytime Phone #

CFR2034 (10/02)