FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90175 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000062113

1. Entity Name
BREEDLOVE CUSTOM FRAMING, INC.

11009823

Principal Place of Business	Mailing Address
945 SUNRISE ROAD VENICE, FL 34293	945 SUNRISE ROAD VENICE, FL 34293
2. Principal Place of Business: 7430 Watson Ln.	3. Mailing Address: 7430 Watson Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pt. Charlotte FL	City & State: Pt Charlotte FL
Zip: 33981 Country	Zip: 33981 Country

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0703636 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BREEDLOVE, STEVEN L
~~945 SUNRISE ROAD~~
~~VENICE, FL 34293~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
7430 Watson Lane
City Pt. Charlotte FL Zip Code 33981

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 IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BREEDLOVE, STEVEN L 945 SUNRISE ROAD VENICE, FL 34293 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7430 Watson ~~Ln~~ Lane Pt. Charlotte FL ~~34293~~ 33981
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] 4/20/03 (941) 232-5149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #