

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91850 013 ***158.75

DOCUMENT # P02000071509

1. Entity Name
QUALITY FRAMING INC.



Principal Place of Business
220 HERNANDEZ AVENUE
ORMOND BEACH FL 32174

Mailing Address
220 HERNANDEZ AVENUE
ORMOND BEACH FL 32174



2. Principal Place of Business
220 HERNANDEZ AVE
Suite, Apt. #, etc.

3. Mailing Address
220 HERNANDEZ AVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ORMOND BCH. FL.
Zip
32174
Country
U.S.A.

City & State
ORMOND BCH FL.
Zip
32174
Country
U.S.A.

4. FEI Number
51-0415751
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

CROOK, RICHARD D
220 HERNANDEZ AVENUE
ORMOND BEACH FL 32174

Name
RICHARD D. CROOK
Street Address (P.O. Box Number is Not Acceptable)
220 HERNANDEZ AVE.
City
ORMOND BCH FL Zip Code
32174

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 *Richard Crook*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

01-03-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

\$158.75

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
D
CROOK, RICHARD D
STREET ADDRESS
220 HERNANDEZ AVENUE
CITY-ST-ZIP
ORMOND BEACH FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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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)(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 807, 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:

Richard Crook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-03-03 386-671-0719

CR2E034 (10/02)