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

FILED Apr 14, 2003 8:00 am Secretary of State

DOCUMENT #P\$2\$\$\$96535 1. Entity Name PLACE FAST FRAME, INC					04-14-2003 90939 048 ***150.00
	DO NOT WRITE	3. Mailing Address			
4600 SUMMERLIN RD, 4600 SUM Suite, Apt. #, etc. A-5 Suite, Apt. #, etc. A-5			IMELLINKO		DO NOT WRITE IN THIS SPACE
City & State	T MYELS FL.	City & State FORT MYE			4. FEI Number Applied For Not Applicable
^{Zip} 3.3 '	919 Country USA	Zip 3 3 9 1 9	Country US A		5. Certificate of Status Desired \$8.75 Additional Fee Required
	DO_NOT_W	RITE		Ric ddress (F	7. Name and Address of Current Registered Agent CHALD V. S. ROOSA, ESQ (RO#Box:Number.is:Not.Acceptable) CAPE CORAL RKWY
IN THIS SPACE City CAPE CORAL F 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, typed of printed name of registered agent and uarry 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	45	W PLA	LE ure required	VICEPRES DEST 3 / 1/03 ed when reinstating) 9. Election Campaign Financing Trust Fund Contribution. 3 / 1/03 85.00 May Be Added to Fees
10.	OFFICERS AND E	DIRECTORS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PRESIDENT JANICE PLACE 3538 SW 17 AVE CAPE CORAL, F VICE PRESIDEN 3538 SW 17 A AV	L 33914 T LACE E	TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS		
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TITLE			TITLE		

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 on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP