

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


**FILED**  
**Jul 15, 2003 8:00 am**  
**Secretary of State**

07-15-2003 90022 044 \*\*\*150.00

0010166 AV

**DOCUMENT # P02000107851**

1. Entity Name  
**A1A FRAMING, INC.**



Principal Place of Business  
**6892 CYPRESS POINT DR  
ST AUGUSTINE FL 32086**

Mailing Address  
**6892 CYPRESS POINT DR  
ST AUGUSTINE FL 32086**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number  
**41-2064089**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**00140004**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**ARMLIN, ISAAC D  
6892 CYPRESS POINT DR  
ST AUGUSTINE FL-32086**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARMLIN, ISAAC D</b> <b>6892 CYPRESS POINT DR</b> <b>ST AUGUSTINE FL 32086</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARMLIN, RICK</b> <b>6892 CYPRESS POINT DR</b> <b>ST AUGUSTINE FL 32086</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUMPH, JAMES</b> <b>6892 CYPRESS POINT DR</b> <b>ST AUGUSTINE FL 32086</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

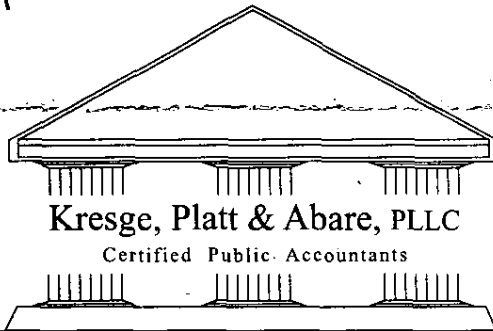
**SIGNATURE: \_\_\_\_\_**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)

Attachment

90143064  
PO2000107851



*Business and Personal: Financial Consulting Tax Preparation and Planning Auditing and Bookeeping Estate Planning*

AlA Framing, Inc.  
6892 Cypress Point Dr.  
St. Augustine, FL 32086

July 10, 2003

Dear Sir/Madam,

It has recently come to my attention that the 2003 Uniform Business Report, for the above taxpayer, has yet to be filled. This company was recently established and was unaware of the payment required for the UBR until forwarded to us after the due date had passed. We, therefore request that the late fee of \$400 be waived. Enclosed is the \$150 amount due. We appreciate your attention to this matter.

K P A

Thank you,

Darrell Philip Salvia

Staff Accountant  
Kresge, Platt, & Abare, PLLC  
1200 Plantation Island Drive  
Suite 230  
St. Augustine, FL 32080