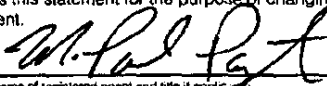


FILED
May 12, 2003 8:00 am
Secretary of State

04-17-2003 90628 004 ***150.00

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

DOCUMENT # P02000121308			
1. Entity Name J.R. CUSTOM FRAME INC.			
Principal Place of Business 2723 GREY FOX LANE ORLANDO FL 32826		Mailing Address 2723 GREY FOX LANE ORLANDO FL 32826	
2. Principal Place of Business 2723 Grey Fox Ln Suite, Apt. #, etc.		3. Mailing Address 2723 Grey Fox Ln Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando FL	
Zip 32826		Country USA	
4. FEI Number 38-3665037		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAMPION, BENJAMIN T 1015 SAMAR RD COCOA BEACH FL 32931		7. Name and Address of New Registered Agent Name: Benjamin T. Champion Street Address (P.O. Box Number is Not Acceptable) 1015 Samar Rd City: Cocoa Beach FL Zip Code: 32931	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: President NAME: Michael P. Payton STREET ADDRESS: 2723 Grey Fox Ln CITY-ST-ZIP: Orlando FL 32826 ☐ Delete		TITLE: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
TITLE: ☐ Delete		TITLE: ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-14-03 407-380-8890 Date Daytime Phone #	

00000040



☐ CHECK HERE IF MAKING CHANGES

CP2E034 (10/02)