2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-17-2003 90628 004 ***150.00

DOCUMENT # P02000121308

1. Entity Name
J.R. CUSTOM FRAME INC.

Principal Place of Business	Mailing Address
2723 GREY FOX LANE	2723 GREY FOX LANE
ORLANDO FL 32826	ORLANDO FL 32826

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2723 Grey Fox Ln	2723 Grey Fox Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Fl	City & State: Orlando Fl
Zip: 32826 Country: USA	Zip: 32826 Country: USA

4. FEI Number: 38-3665039 ☐ 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
CHAMPION, BENJAMIN T	Name: Benjamin T. Champion
1015 SAMAR RD	Street Address (P.O. Box Number is Not Acceptable): 1015 Samar Rd
COCOA BEACH FL 32931	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 [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	President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Michael P. Payton		NAME		
STREET ADDRESS	2723 Grey Fox Ln		STREET ADDRESS		
CITY-ST-ZIP	Orlando Fl 32826		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] REQUIRED 4-14-03 407-380-8890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #