

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90059 019 ***150.00

DOCUMENT # P05000113124

1. Entity Name
UNITED FRAMERS, INC.



Principal Place of Business Mailing Address

~~9337 W. SAMPLE RD.~~ ~~9337 W. SAMPLE RD.~~
~~SUITE 211~~ ~~SUITE 211~~
~~CORAL SPRINGS, FL 33065~~ ~~CORAL SPRINGS, FL 33065~~

40073830

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

11900 Loxahatchee Rd. **11900 Loxahatchee Rd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Parkland, Florida **Parkland, Florida**
Zip Country Zip Country
33076 **Broward** **33076** **Broward**

01152008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

84-1690905 ☐ Not Applicable

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

☐ ☐

6. Name and Address of Current Registered Agent

WILLARD, WILLIAM J
~~10100 W SAMPLE RD~~
~~SUITE 207~~
~~CORAL SPRINGS, FL 33065~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
11900 Loxahatchee Rd.

City State Zip Code
Parkland **FL** **33076**

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 DATE **1-15-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLARD, WILLIAM	NAME	
STREET ADDRESS	10100 W SAMPLE RD., #207	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLARD, DANIEL	NAME	
STREET ADDRESS	2956 SE DUNE DR.	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL	CITY-ST-ZIP	
TITLE	COO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMOS, ROBERT	NAME	
STREET ADDRESS	11810 NW 5 STREET	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DATE **1-15-08** DAYTIME PHONE # **954 340 6636**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR