2003

UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 24 AM 9:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P92000014585

1. Entity Name
FRAME'S SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5681-A DESOTA RD LAKE WORTH FL 33463 US	5681-A DESOTA RD LAKE WORTH FL 33463 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0122942 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRAME, RONALD SR
5681A DESOTA ROAD
LAKE WORTH FL 33463

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 _____ Date
(Signature, either a printed name or registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☐

FILE NOW!!! FEE IS $850.00
After September 13, 2003 Fee will be $796.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS FRAME, RONALD SR 4833 NASH TRAIL LAKE WORTH FL 33463	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT FRAME, RONALD JR 2040 TRINIDAD CT WEST PALM BEACH FL	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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06/24/03 01013 002 **50.00

13. 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 a director or officer 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 8/29/03 561 642 7253
Signature and Typed or Printed Name of Individual Officer or Director Date Daytime Phone #

RONALD E FRAME SR.
Ronald E Frame Sr.

JC 6/24