## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 12, 2000 8:00 am Secretary of State DOCUMENT # **P93000015421** 1. Entity Name STAN'S LATHING & FRAMING, INC. 04-12-2000 90005 001 \*\*\*150.00 Mailing Address Principal Place of Business 1101 SE 30 TERR 1101 SE 30 TERR CAPE CORAL FL 33904-3937 CAPE CORAL FL 33904 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 65-0391150 Not Applicable Zip ~ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUTTER, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 1101 SE 30 TERR CAPE CORAL FL 33904 Zip Code City 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. SIGNATURE DATE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete Change - Addition TITLE TITLE SUTTER, DANIEL L NAME NAME 1101 SE 30 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CAPE CORAL FL ☐ Change ☐ Addition TITLE Delete TITLE SUTTER, WENDY A NAME NAME STREET ADDRESS STREET ADDRESS 1101 SE 30 TERR CiTY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP **Addition** Change Delete TITLE TITLE rnarles Klum NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **A**ddition ☐ Delete TITLE TITLE martin Decrapio NAME NAME 1626 SW 10 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change **Add**dition ☐ Delete TITLE TITLE 4856 Gloucester CT. NAME NAME STREET ADDRESS STREET ADDRESS myers PL 33907 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attainment with an address, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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