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03 MAY -8 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000015421			
1. Entity Name STAN'S LATHING & FRAMING, INC.			
Principal Place of Business 1101 SE 30 TERR CAPE CORAL, FL 33904 US		Mailing Address 1101 SE 30 TERR CAPE CORAL, FL 33904 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 65-0391150		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUTTER, DANIEL L 1101 SE 30 TERR CAPE CORAL, FL 33904		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 _____ Signature, typed or printed name of registered agent and (if applicable) NOTE: Registered Agent signature required when submitting			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS			
TITLE	D ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	SUTTER, DANIEL L	NAME	Treasurer
STREET ADDRESS	1101 SE 30 TERR	STREET ADDRESS	Nieto, Jesus B
CITY-ST-ZIP	CAPE CORAL, FL	CITY-ST-ZIP	3816 Hedburn ST
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SUTTER, WENDY A	NAME	Primyers, FL
STREET ADDRESS	1101 SE 30 TERR	STREET ADDRESS	33905
CITY-ST-ZIP	CAPE CORAL, FL	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KLUMPP, CHARLES	NAME	
STREET ADDRESS	3416 6W 7 AVE	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33914	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 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 I am empowered.			
SIGNATURE: <u>Wendy Sutter</u>		4/29/03 239-849-0691	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CRP034 (10/02)

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