

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000085193

1. Entity Name

MBL FRAME & TRIM, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90143 037 ***150.00

Principal Place of Business

Mailing Address

13304 LAURELWOOD COURT
HUDSON FL 34667

13304 LAURELWOOD COURT
HUDSON FL 34667-7129

2. Principal Place of Business

3. Mailing Address

8046 PENWOOD DRIVE

8046 PENWOOD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT RICHEY, FL

City & State

PORT RICHEY, FL

Zip

34668

Country

USA

Zip

34668

Country

USA

4. FEI Number

59-3282177

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

MARLOWE, RUSSELL G
8514 STATE ROAD 54
NEW PORT RICHEY FL 34653

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME LAVADINIHO, M B
STREET ADDRESS 13304 LAURELWOOD COURT
CITY-ST-ZIP HUDSON FL 34667 ☒ Delete

TITLE PSTD
NAME DEBRA L. SNYDER
STREET ADDRESS 8046 PENWOOD DRIVE
CITY-ST-ZIP PORT RICHEY, FL 34668 ☐ Change ☒ Addition

TITLE VD
NAME LAVADINIHO, FLORENCE
STREET ADDRESS 13304 LAURELWOOD COURT
CITY-ST-ZIP HUDSON FL 34667 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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 attachment with an address, with all other like empowered.

SIGNATURE: Debra L. Snyder DEBRA L. SNYDER 4/16/00 727-868-3029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)