

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90049 007 ***150.00

DOCUMENT # P95000021513

1. Entity Name
D & J FRAMING, INC.

Principal Place of Business
9787 MACARTHUR COURT
JACKSONVILLE FL 32216

Mailing Address
9787 MACARTHUR COURT
JACKSONVILLE FL 32216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10353 Grayson Ave.
Suite, Apt. #, etc.

3. Mailing Address
10353 Grayson Ave.
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip
32220
Country
Dural

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Jacksonville, FL
Zip
32220
Country
Dural

4. FEI Number 59-3302318

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, SHARRON L
9787 S MAC ARTHUR CT
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name
Howard A. Caplan, Attorney, P.A.
Street Address (P.O. Box Number is Not Acceptable)
3900 Atlantic Blvd.
City
Jacksonville FL Zip Code
32207

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 Howard A. Caplan, Howard A. Caplan, President 1/18/01
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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PRD	CLARK, SHARRON L	9787 MACARTHUR CT.	JACKSONVILLE FL 32246	
SD	VERCHER, JOHN B.	11561 TREASURY CIR W.	JACKSONVILLE FL	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PRD	Vercher, Sr., John B.	10353 Grayson Ave.	Jacksonville, FL 32220	
YD	Vercher, Jr., John B.	11561 Treasury Cir. W.	Jacksonville, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S	Vercher, Bobby Jean	10353 Grayson Ave.	Jacksonville, FL 32220	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T	Vercher, Norma Jean	11561 Treasury Cir. W.	Jacksonville, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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 filers empowered.

SIGNATURE: JOHN B. VERCHER, SR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01 904-781-1557
Date Daytime Phone #

CR2E034 (10/00)