

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90498 047 ***150.00

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DOCUMENT # P95000050215

1. Entity Name

STATE OF THE ART FRAMING CORPORATION OF ORLANDO



Principal Place of Business

~~11237 WORLEY AVE.~~
~~ORLANDO FL 32837~~

Mailing Address

P.O. BOX 592705
ORLANDO FL 32859
US

2. Principal Place of Business

120 SABAL PALM CT.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

Zip

32773

Country

SEMINOLE

Zip

Country

4. FEI Number

59-3326166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSHER, RICHARD E.
718 MENDOZA DR
ORLANDO FL 32825

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **V** ☒ Delete
NAME ~~BIERD, SCOOT~~
STREET ADDRESS ~~023 HUMMINGBIRD LN~~
CITY-ST-ZIP ~~ORLANDO FL~~

TITLE **D/P** ☐ Delete
NAME **MOSHER, RICHARD E.**
STREET ADDRESS ~~11237 WORLEY AVE.~~
CITY-ST-ZIP ~~ORLANDO FL 32837~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Change ☒ Addition
NAME **TARYL JENSEN**
STREET ADDRESS **120 SABAL PALM CT.**
CITY-ST-ZIP **SANFORD, FL 32773**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **120 SABAL PALM CT.**
CITY-ST-ZIP **SANFORD, FL 32773**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

RICHARD E. MOSHER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03
Date

407-330-9136
Daytime Phone #

CR2E034 (10/02)