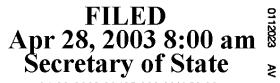
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000064742 1. Entity Name FRAME DEPO UNLIMITED, INC.



04-28-2003 90497 009 ***150.0

FRAME D			04-28-2003 90497 009 ****130.00					
Principal Place of Business 7216 W COLONIAL DR 7216 W COLONIAL DR 0RLANDO FL 32818 US Mailing Address 7216 W COLONI 0RLANDO FL 32818 0RLANDO FL 32			AL DR					
Principal Place of Business 3. Mailing Addre			dress					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-3340084 Applied For Not Applied			oplied For ot Applicable
Zip	Country	Zip	Country	į	5. Certificate of Status I	Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7	7. Name and Address	of New Registere	d Agent	
VEDEPO, PATRICK 6924 SANDMILL BLVD OCOEE FL 34761					PATRICE). Box Number is Not Ac N APOPRA V	cceptable)	Rb	
			City	RLANDO		F	L Zip Code	e .
signature	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent. ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	and title if applicable. (NOTE: R	gistered office of	or registered	agent, or both, in the S	paign Financing	 25 0	May Be
	Payable to Florida Department of							
10.	OFFICERS AND		11.	- X	ADDITIONS/CHANGES	TO OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEDEPO, JOHN MICHAEL 2649 STALEY COURT ORLANDO FL 32818-3049	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 14906 CLGEM	שומאן אמטוט	MEL NT CIR 1711	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEDEPO, THOMAS 1304 OAKWOOD LANE OCOEE FL 34761	☐ Delete	TITLE NAME STREET ODDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEDEPO, PATRICK 6924 SAWMILL BLVD OCOEE FL 34761	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5017	PATRICK N. APOPKA-VI		√ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VEDEPO, SARA 6924 SAWMILL BLVD OCOEE FL 34761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5017	, SARA N. APOPKA-VI		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 Date

-10/5/8-073 Paytime Phone # 4ZEU34 (10/0Z)