

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000002360**

1. Entity Name

CENTRAL FLORIDA FRAMING, INC.**FILED****Mar 02, 2000 8:00 am**
Secretary of State

03-02-2000 90011 050 ***158.75

Principal Place of Business

Mailing Address

547 STATE ROAD 559
AUBURNDALE FL 33823**547 STATE ROAD 559**
AUBURNDALE FL 33823-9385

2. Principal Place of Business

3. Mailing Address

P.O. Box 1554**P.O. Box 1554**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Auburndale, FL**Auburndale, FL**

Zip

Country

Zip

Country

33823-1554**USA****33823-1554****USA**

4. FEI Number

59-3354884

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

RICE, LARRY
547 STATE ROAD 559
AUBURNDALE FL 33823

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	RICE, LARRY M	547 STATE RD.	AUBURNDALE FL 33823	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	D	RICE, BEVERLY	547 STATE ROAD 559	AUBURNDALE FL 33823	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)