

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90008 018 ***158.75

DOCUMENT # P96000002360

1. Entity Name

CENTRAL FLORIDA FRAMING, INC.

Principal Place of Business

PO BOX 1554
 AUBURNDALE FL 33823

Mailing Address

PO BOX 1554
 AUBURNDALE FL 33823

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

LARRY M. RICE

Street Address (P.O. Box Number is Not Acceptable)

345 BAYBERRY DRIVE

City

POLK CITY

FL

Zip Code

33868

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

Larry M. Rice

Larry M. Rice

2/8/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
RICE, LARRY M
547 STATE RD.
AUBURNDALE FL 33823 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
LARRY M. RICE
345 BAYBERRY DRIVE
POLK CITY, FL. 33868-9345

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
RICE, BEVERLY
547 STATE ROAD 559
AUBURNDALE FL 33823 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
BEVERLY RICE
345 BAYBERRY DRIVE
POLK CITY, FL. 33868-9345

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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TITLE
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 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: *Beverly C. Rice*

Beverly C. Rice

2/8/01

863-984-6605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0379683