

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90194 033 ***150.00

DOCUMENT # P97000001638

1. Entity Name

C.T.S. FRAMING, INC.

Principal Place of Business

3811 SANDPIPER DR #7
 BOYNTON BEACH FL 33436-2427

Mailing Address

3811 SANDPIPER DR #7
 BOYNTON BEACH FL 33436-2427

2. Principal Place of Business

10121 BOYNTON PLACE CIRCLE

3. Mailing Address

10121 BOYNTON PLACE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH

City & State

BOYNTON BEACH

4. FEI Number

~~65-0618394~~
 65-0842869

Applied For

Not Applicable

Zip

33437

Country

PALM BEACH

Zip

33437

Country

PALM BEACH

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DESROCHES, CLAUDE
 3811 SANDPIPER DR #7
 BOYNTON BEACH FL 33436-2427

7. Name and Address of New Registered Agent

Name
 CLAUDE DESROCHES
 Street Address (P.O. Box Number is Not Acceptable)
 10121 BOYNTON PLACE CIRCLE
 City BOYNTON BEACH FL Zip Code 33437

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESROCHES, CLAUDE	NAME	CLAUDE DESROCHES
STREET ADDRESS	3811 SANDPIPER DR STE 7	STREET ADDRESS	10121 BOYNTON PLACE CIRCLE
CITY-ST-ZIP	BOYNTON BEACH FL 33436	CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESROCHES, CAROLE	NAME	
STREET ADDRESS	2841 N.E. 163 ST., #403	STREET ADDRESS	
CITY-ST-ZIP	NMB FL 33160	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: CLAUDE DESROCHES 03-29-2000 561-739-9190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR-1E014 (9/98)

899000001638

830118

AMOUNT OF DEPOSIT (Do NOT type, please print.)	
DOLLARS	CENTS

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/
DATE STAMP

EIN 65-0892869 081112

C T S FRAMING INC
3811 SANDPIPER DR 7
BOYNTON BEACH FL 33436-2427

IRS USE
ONLY

Darken only one TYPE OF TAX		n d	Darken only one TAX PERIOD
<input type="checkbox"/> 941	<input type="checkbox"/> 945		<input type="checkbox"/> 1st Quarter
<input type="checkbox"/> 990-C	<input type="checkbox"/> 1120	<input type="checkbox"/> 2nd Quarter	
<input type="checkbox"/> 943	<input type="checkbox"/> 990-T	<input type="checkbox"/> 3rd Quarter	
<input type="checkbox"/> 720	<input type="checkbox"/> 990-PF	<input type="checkbox"/> 4th Quarter	
<input type="checkbox"/> CT-1	<input type="checkbox"/> 1042		
<input type="checkbox"/> 940			

62

07 2 Telephone number ()

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon
Form 8109 (Rev. 10-96)