

# 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
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2. Principal Place of Business 10121 BOYNTON PLACE CIRCLE Suite, Apt. #, etc.	3. Mailing Address 10121 BOYNTON PLACE CIRCLE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State BOYNTON BEACH	City & State BOYNTON BEACH	4. FEI Number 65-0842869 <del>65-0618394</del>	Applied For <input type="checkbox"/> Not Applicable
Zip 33437	Country PALM BEACH	Zip 33437	Country PALM BEACH
5. Certificate of Status Desired <input type="checkbox"/>		\$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
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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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESROCHES, CLAUDE 3811 SANDPIPER DR STE 7 BOYNTON BEACH FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAUDE DESROCHES 10121 BOYNTON PLACE CIRCLE BOYNTON BEACH FL 33437 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESROCHES, CAROLE 2841 N.E. 163 ST., #403 NMB FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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

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:1014 (9/98)

099000001638

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)