

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022499

1. Entity Name

MID - FLA. FRAMING, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90027 014 ***150.00

Principal Place of Business

Mailing Address

1035 WEST CHALET SUZANNE ROAD
LAKE WALES FL 33853
US

P.O. BOX 2420
WINTER HAVEN FL 33883-2420
US

2. Principal Place of Business

3. Mailing Address

119 Recker Highway
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Auburndale FL

Zip
33823

Country
USA

Zip

Country

4. FEI Number

59-3439700

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

BAXTER, HAROLD R
1035 WEST CHALET SUZANNE RD
LAKE WALES FL 33853

Name

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

119 Recker Highway

City

Auburndale

FL

Zip Code
33853

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 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 ☐ Delete
NAME D
STREET ADDRESS HATMAKER, GARY
CITY-ST-ZIP 4425 LAKE WALK-N-WATER RD
LAKE WALES FL 33853

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BAXTER, HAROLD R
CITY-ST-ZIP 900 HOWARD TER NW
WINTER HAVEN FL 33881

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00

863 965 0011

CR2E034 (9/99)