**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 15, 2001 8:00 am Secretary of State DOCUMENT # P97000026758 05-15-2001 90021 044 \*\*\*150.00 J & J FRAMING, INC. Principal Place of Business Mailing Address 1142 N SHADE AVE 1142 N SHADE AVE 014201 SARASOTA FL 34237 SARASOTA FL 34237 2. Principal Place of Business 3. Mailing Address Suite Ant. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0735423 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SWICK, JEFFREY D Street Address (P.O. Box Number is Not Acceptable) 2256 SUNNYSIDE PL SARASOTA FL 34239 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTD ☐ Addition CR2E034 (10/00) TITLE TITLE ☐ Delete SWICK, JEFFREY D NAME NAME STREET ADDRESS 2256 SUNNYSIDE PL STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34239 ☐ Addition ☐ Delete TITLE Change TITLE VICARS, JAMES H NAME NAME STREET ADDRESS 5424 4TH AVE NE STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE

changed, or on an attachment with an address

G OFFICER OR DIRECTOR

with all other like

embowered.

04-30-01 941-362-4366 Data Dayline Phone #