

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90616 020 ***158.75

0508152 AT

DOCUMENT # P97000051091

1. Entity Name
DEISLER CUSTOM FRAMING, INC.

Principal Place of Business

216 ROYAL DRIVE
DE FUNIAK SPRINGS FL 32433

Mailing Address

216 ROYAL DRIVE
DE FUNIAK SPRINGS FL 32433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

423 TWIN LAKE DRIVE
 Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1325
 Suite, Apt. #, etc.

City & State

DeFunia Springs, FL

City & State

DeFunia Springs, FL

Zip

32433

Country

USA

Zip

32435

Country

USA

4. FEI Number

59-3454996

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEISLER, WILLIAM J
423 TWIN LAKES DRIVE
DE FUNIAK SPRINGS FL 32433

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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

TITLE **P** ☐ Delete
NAME **DEISLER, WILLIAM J**
STREET ADDRESS **216 ROYAL DRIVE**
CITY-ST-ZIP **DE FUNIAK SPRINGS FL 32433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

WILLIAM J DEISLER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)