FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT#

P97000106547

1. Entity Name

William Green Framing Inc



FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90743 014 ***150.00

		T							

2. Principal Pl 290 5th Suite, Apt.	ace of Business Street SW	3. Mailing Address 290 5th Suite, Apt. #, etc	Street SW	DO NOT WRITE IN THIS SPACE								
Julie, Apr.	#, 6 (0.	Suite, Apt. #, etc	,,	DO NOT WAITE IN THIS SEA	4CE							
City & State	•	City & State		4. FEI Number	Applied For							
Naples,	_FL	Naples,	<u>FL</u>	59-3481875	Not Applicable							
Zip 34117	Country	34117	Country		3.75 Additional e Required							
		 In the control of the property of the control of the property of the control of the		7. Name and Address of Current Registered A	gent							
			Name Gree	en, William								
	· DO NO	FWRITE	Street Address	Street Address (P.O. Box Number is Not Acceptable) 290 5th Street SW								
	IN THIS	SPACE	<u> </u>	Zyu 5th Street SW								
		TV - No. 100 St. 100 S	City Nap1	es FL	Zip Code 34117							
		tement for the purpose of chang		ered agent, or both, in the State of Florida. I am fam								
the obligation	ons of registered agent.											
CIONATUDE	منا دونان و ز)							
	Signature, typed or printed name of regis		(NOTE: Registered Agent signature require	ed when reinstating) DATE								
	uary 1 - May 1 Fee is \$15 After May 1, Fee is \$550.0 Amended UBR is \$61.25 Payable to Florida Depart	0		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees							
10.		ERS AND DIRECTORS			alteration of the con-							
TITLE	PVPS		TITLE		新老年 艾克斯							
NAME	Green, William	-	NAME		e Talanda							
STREET ADDRESS CITY-ST-ZIP	290 5th Street		STREET ADDRESS City-St-Zip									
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			展示できる後には、4.1年の中国は20世紀以上、第15世紀に20.25	は、他のでは、これでは、これでは、自然は、自然は、他のできた。 は、これできた。 は、これできれできんで	ing to the tree out of Amily a party of the call							

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: >leen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR