

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90080 044 ***150.00

DOCUMENT # P98000039202

1. Entity Name

FRAMERS R US, INC.

Principal Place of Business

Mailing Address

~~1325 SKEETER RANCH ROAD~~
~~DELAND FL 32724~~

1225 CLARK BAY RD
DELAND FL 32724-9203
US

2. Principal Place of Business

1225 Clark Bay Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Deland FLA.

City & State

4. FEI Number

59-3508047

Applied For

Not Applicable

Zip

Country

32724

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~SIMPSON, SCOTT E~~
~~595 WEST GRANADA BOULEVARD~~
~~SUITE A~~
~~ORMOND BEACH FL~~

7. Name and Address of New Registered Agent

Name

Paul Paulk

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

1225 Clark Bay Rd

City

Deland

FL

Zip Code

32724

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

Paul Paulk

Paul Paulk

3-24-00

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

TITLE **DP** ☐ Delete
NAME **BENNETT, PAUL**
STREET ADDRESS **1325 SKEETER RANCH ROAD**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **DS** ☐ Delete
NAME **PAULK, PAUL**
STREET ADDRESS **1225 CLARK BAY ROAD**
CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **Bennett, Paul**
STREET ADDRESS **1165 Buttermilk Ln.**
CITY-ST-ZIP **Port Orange, FL 32119**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Paul Paulk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-00 904-7361107