

2001 UNIFORM BUSINESS REPORT (UBR)

1/20/01

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-20-2001 90006 026 ***150.00

DOCUMENT # P98000039202

1. Entity Name

FRAMERS R US, INC.

Principal Place of Business
1225 SKEETER RANCH ROAD
DELAND FL 32724

Mailing Address
1225 CLARK BAY RD
DELAND FL 32724
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1225 Clark Bay Rd
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Deland FL
 Zip
32724

City & State

4. FEI Number **59-3508047**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SIMPSON, SCOTT-E
1225 CLARK BAY ROAD
DELAND FL 32724

7. Name and Address of New Registered Agent

Name **Paul K. Paul**

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

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, 2001 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 **1165 BUTTERMILK LANE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

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

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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 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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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 C. Bennett Paul C. Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01 (904) 736-1107

Date

Daytime Phone #

CR2E034 (10/00)