

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90179 050 ***150.00

DOCUMENT # P98000052747

1. Entity Name
STUD'S FRAMING, INC.



Principal Place of Business

**4502 BEACON DRIVE
SARASOTA FL 34232**

Mailing Address

**4502 BEACON DRIVE
SARASOTA FL 34232**

22003351



2. Principal Place of Business

4837 WILDE POINTE DR.

3. Mailing Address

4837 WILDE POINTE DR.

Suite, Apt., etc.

Suite, Apt., etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

SAR. FL.

City & State

SAR. FL.

4. FEI Number

65-0906143

Applied For

Not Applicable

Zip

34233

Country

Zip

34233

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAPP, DOUGLAS

**4502 BEACON DRIVE
SARASOTA FL 34232**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

2/2/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **LAPP, DOUGLAS**
STREET ADDRESS **4502 BEACON DRIVE**
CITY-ST-ZIP **SARASOTA FL 34232**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/03
Date

941-374-3156
Daytime Phone #

CR2E034 (10/02)