

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000064000**

1. Entity Name

A.J. & A. DETAILS INSPECTION FIRM INC

Principal Place of Business

Mailing Address

**622 BONITA ROAD
WINTER SPRINGS FL 32708****PO BOX 195035
WINTER SPRINGS FL 32719**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3524252

Applied For

Not Applicable

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

**FRAME, ANDREW
622 BONITA ROAD
WINTER SPRINGS FL 32719**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAME, ANDREW	NAME	ANDREW R. FRAME
STREET ADDRESS	724 MARYLAND AVE	STREET ADDRESS	622 BONITA RD.
CITY-ST-ZIP	ST. CLOUD FL 34769	CITY-ST-ZIP	WINTER SPRINGS, FL. 32708
TITLE	T <input type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAME, DEBORA	NAME	DEBORA FRAME
STREET ADDRESS	724 MARYLAND AVE	STREET ADDRESS	622 BONITA RD.
CITY-ST-ZIP	ST. CLOUD FL 34769	CITY-ST-ZIP	WINTER SPRINGS, FL. 32708
TITLE	<input type="checkbox"/> Delete	TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	DEBORA FRAME
STREET ADDRESS		STREET ADDRESS	622 BONITA RD.
CITY-ST-ZIP		CITY-ST-ZIP	WINTER SPRINGS, FL. 32708
TITLE	<input type="checkbox"/> Delete	TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	ANDREW R. FRAME
STREET ADDRESS		STREET ADDRESS	622 BONITA RD.
CITY-ST-ZIP		CITY-ST-ZIP	WINTER SPRINGS, FL. 32708
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

ANDREW R. FRAME Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/02/01 407-971-1947**FILED****Jan 19, 2001 8:00 am
Secretary of State**

01-19-2001 90168 020 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)