FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 06, 2002 8:00 am Secretary of State P9900005423 DOCUMENT # 1. Entity Name 03-06-2002 90004 045 ***150.00 FRIENDLY FRAMERS, INC. Principal Place of Business Mailing Address 1848 N.E. JENSEN BEACH BLVD. 1848 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 65-0889235 Not Applicable Country_ \$8.75 Additional __Zip_____ Zip 5. Certificate of Status: Desired -----Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEDGEPETH, RONNIE C Street Address (P.O. Box Number is Not Acceptable) 1848 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL 34957 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE ☐ Change HEDGEPETH, RONNIE C NAME NAME STREET ADDRESS STREET ADDRESS 1848 N.E. JENSEN BEACH BLVD. JENSEN BEACH FL-34957 - - -CITY-ST_ZIP CITY-ST-ZIP = ☐ Delete Change ☐ Addition TITLE TITLE 3. 52.27 1 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAMF. STREET ADDRESS 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.

2-16-02 561225