

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008799

1. Entity Name

ASSOCIATED FRAMERS, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90058 042 ***150.00

Principal Place of Business

1017 KENTUCKY AVENUE
ST. CLOUD FL 34769

Mailing Address

1017 KENTUCKY AVENUE
ST. CLOUD FL 34769-3725



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Associated Framers Inc
Suite, Apt. #, etc.

1223 New York
City & State

St Cloud FL

Zip Country
34769 USA

3. Mailing Address

Associated Framers Inc
Suite, Apt. #, etc.

1017 Kentucky Ave
City & State

St Cloud FL

Zip Country
34769 USA

4. FEI Number

59-3570955

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEREDITH, WHITNEY C
1017 KENTUCKY AVENUE
ST. CLOUD FL 34769

7. Name and Address of New Registered Agent

Name

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

N/A

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.

N/A

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME MEREDITH, WHITNEY C
STREET ADDRESS 1017 KENTUCKY AVENUE
CITY-ST-ZIP ST. CLOUD FL 34769

☐ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Whitney C Meredith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-00

CR2E034 (9/99)