

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90088 012 ***150.00

DOCUMENT # P99000049143

1. Entity Name
MRG RESIDENTIAL FRAMING, INC.

Principal Place of Business

**115 LAKESIDE DR. EAST
PORT ORANGE FL 32124**

Mailing Address

**115 LAKESIDE DR. EAST
PORT ORANGE FL 32124**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

115 Lakeside Drive East

Suite, Apt. #, etc.

115 Lakeside Drive East

City & State

Port Orange FL

City & State

Port Orange FL

Zip

32128

Country

Zip

32128

Country

4. FEI Number

59-3579528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRIEBIS, DANIEL S
852 SUGARHOUSE DR
PORT ORANGE FL 32119**

7. Name and Address of New Registered Agent

Name **90E - Loguidice**
Street Address (P.O. Box Number is Not Acceptable) **555 W Granada Blvd Ste B5**
ORMOND BCH FL 32174

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, 2002 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 **D** ☐ Delete
NAME **GAINEY, MICHAEL R**
STREET ADDRESS **852 SUGARHOUSE DR**
CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Gainey, Michael R**
STREET ADDRESS **115 Lakeside Drive East**
CITY-ST-ZIP **Port Orange FL 32128**

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

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

TITLE ☐ Change ☐ Addition
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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:

Michael R. Gainey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-02

788-8432

CR2E034 (9/01)