

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90096 017 \*\*\*150.00

DOCUMENT # **P 99000049143** ✓  
1. Entity Name  
**MRG Residential Framing, Inc**



**DO NOT WRITE IN THIS SPACE**

**10110480**

2. Principal Place of Business  
**115 Lakeside DR East**  
Suite, Apt. #, etc.

3. Mailing Address  
**1515 Ridge wood Ave**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Port Orange FL**  
Zip  
**32128**

City & State  
**Holly Hill FL**  
Zip  
**32117**

4. FEH Number  
**59-3579528**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**JOE Loquidice CPA**  
Street Address (P.O. Box Number is Not Acceptable)  
**1515 Ridge wood Ave**  
City  
**Holly Hill** FL Zip Code  
**32117**

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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D Michael R Gainey**  
**115 Lake Side Drive East**  
**Port Orange FL 32128**

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael R Gainey** **Mike R Gainey**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(36) 788-8432**  
Date \_\_\_\_\_

*Attachment*

**Division of Corporations**

**P. O. Box 1500**

**Tallahassee, Florida 32302-1500**

*10110480*  
*#P99000049143*

**July 22, 2003**

**Dear Sir or Madam:**

**This letter is to inform your office that I never received my UBR form to file it for 2003. I called the Dep of state and they advised me to down lode a blank form. Your office also advised me to send a letter stating I did not receive my form and give the correct mailing address so the form can get to my office on time next year. Your office said all penalties would be waved due to there being no late filing on my account. Thank you for your time in concerning this matter.**

**Sincerely,**

*Mike Blaney*

**MRG RESIDENTIAL FRAMING, INC  
CARE OF JOE LOGUIDICE, CPA  
1515 RIDGEWOOD AVENUE  
HOLLY HILL, FL 32117**