


**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

City & State
Holly Hill FL

Zip
32128 Country
USA

Zip
32117 Country
USA

4. FE# Number
59-3579528

Applied For
 Not Applicable

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

**DO NOT WRITE
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 D	<u>Michael R Gainey</u>
NAME	<u>115 Lake Side Drive East</u>
STREET ADDRESS	<u>Port Orange FL 32128</u>
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 (36) 788-8432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ 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**