

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050054

1. Entity Name

W.D. FRAMING, INC.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90020 049 \*\*\*550.00

DU100000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

504 WURST RD.  
 OCOEE FL 34761

Mailing Address

504 WURST RD.  
 OCOEE FL 34761

2. Principal Place of Business

3. Mailing Address

407 Wither Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocoee, Florida

4. FEI Number

59-3595501

Applied For

Not Applicable

Zip

Country

Zip

Country

34761

ORANGE

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, RICH A  
 504 WURST RD.  
 OCOEE FL 34761

Name

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

407 WITHER CT

City

Ocoee

FL

Zip Code

34761

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                   |  |
|----------------|-------------------|--|
| TITLE          | D                 | <input checked="" type="checkbox"/> Delete |
| NAME           | SMITH, RICH A     |  |
| STREET ADDRESS | 504 WURST RD.     |  |
| CITY-ST-ZIP    | OCOEE FL 34761    |  |
| TITLE          | SMITH, JEFF W.    | <input type="checkbox"/> Delete            |
| NAME           | 1226 SANDPINE ST. |  |
| STREET ADDRESS | Ocoee, FL 34761   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |

|                |                 |  |
|----------------|-----------------|--|
| TITLE          |                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                 |  |
| STREET ADDRESS | 407 WITHER CT.  |  |
| CITY-ST-ZIP    | Ocoee, FL 34761 |  |
| TITLE          |                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |                 |  |
| STREET ADDRESS |                 |  |
| CITY-ST-ZIP    |                 |  |
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                 |  |
| STREET ADDRESS |                 |  |
| CITY-ST-ZIP    |                 |  |
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                 |  |
| STREET ADDRESS |                 |  |
| CITY-ST-ZIP    |                 |  |
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                 |  |
| 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)