

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90065 025 ***150.00

DOCUMENT # P99000065969

1. Entity Name

A-PLUS FRAMING, INC.



Principal Place of Business

Mailing Address

**640 DEER RUN CT.
 CASSELBERRY FL 32707**

**640 DEER RUN CT.
 CASSELBERRY FL 32707**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3589163**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**ELMENDORF, DAVID
 640 DEER RUN CT.
 CASSELBERRY FL 32707**

Name

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

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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **DP**
ELMENDORF, DAVID
 STREET ADDRESS **640 DEER RUN CT.**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVS**
JONES, RONALD
 STREET ADDRESS **2933 MONARCH AVE.**
 CITY-ST-ZIP **DELTONA FL 32738**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT**
SINGLETON, DENISE
 STREET ADDRESS **640 DEER RUN CT**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete

TITLE Change
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete

TITLE Change
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 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 with an address, with all other like empowered.

Denise Singleton, Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01 (407) 444-7695
 Date Daytime Phone #

Denise Singleton

CR2E034 (10/00)