## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 09, 2002 8:00 am Secrétary of State P99000065969 DOCUMENT # 1. Entity Name 07-09-2002 90376 044 \*\*\*150.00 A-PLUS FRAMING, INC. Principal Place of Business Mailing Address 640 DEER RUN CT. 640 DEER RUN CT. CASSELBERRY FL 32707 CASSELBERRY FL 32707 2. Principal Place of Business 3. Mailing Address 2933 Monarch Ave Monarch Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3589163 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELMENDORF, DAVID Street Address (P.O. Box Number is Not Acceptable) 640 DEER RUN CT. CASSELBERRY FL 32707 City 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. I am familiar with, and accept the obligations of registered agent. 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DP TITLE Delete TITLE ☐ Addition ELMENDORF, DAVID NAME NAME STREET ADDRESS 640 DEER RUN CT. STREET ADDRESS CITY-ST-ZIP CASSELBERRY FL 32707 CITY-ST-7IP TITLE DVS Delete TITLE Change ☐ Addition NAME JONES, RONALD NAME STREET ADDRESS 2933 MONARCH AVE. STREET ADDRESS CITY-ST-ZIP **DELTONA FL 32738** CITY-ST-ZIP TITLE DT Delete TITLE (X) Change Addition Elmendorf, Denise 640 Deer Run Ct NAME SINGLETON, DENISE NAME STREET ADDRESS 640 DEER RUN CT STREET ADDRESS CITY-ST-ZIF CASSELBERRY FL 32707 CITY-ST-7IP <u>Casselberru. Fi</u> TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

Addition

July 3, 2002

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attendents

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To Whom It May Concern:

Enclosed is the 2002 Uniform Business Report for A-Plus Framing, Inc. (FEIN# 59-3589163) along with the required \$150 filing fee.

I would like to request that the \$400 late fee not be assessed to A-Plus Framing as no copy of this report was received until July 2, 2002. Consequently, this prohibited us from filing prior to the original May 1st deadline. The representative I spoke with from your office advised that we send the regular fee along with this letter explaining the situation.

I certainly appreciate your assistance and understanding in this matter.

Respectfully,

Denise Elmendorf

Penise Elmenary

Treasurer

A-Plus Framing, Inc.