

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V30190

1. Entity Name

EARL QUEEN FRAMING INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90221 038 \*\*\*150.00

Principal Place of Business

Mailing Address

A1A SOUTH  
AUGUSTINE FL 32084

5950 A1A SOUTH  
ST. AUGUSTINE FL 32084-7355  
US

2. Principal Place of Business

3. Mailing Address

5455 5th Street  
Suite, Apt. #, etc.

5455 5th Street  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
ST AUGUSTINE, FL  
Zip  
32084

Country  
ST JOHNS

City & State  
ST AUGUSTINE, FL  
Zip  
32084

Country  
ST JOHNS

4. FEI Number  
59-3125062

Applied For  
Not Applicable

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

QUEEN, EARL  
142 DRAKE ROAD  
ST. AUGUSTINE FL 32086

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	QUEEN, EARL	220 MICKLER ROAD	ST. AUGUSTINE FL	<input type="checkbox"/>
ST	QUEEN, VICKIE	220 MICKLER ROAD	ST. AUGUSTINE FL	<input type="checkbox"/>
VP	MESSERREY, PHILLIP	1510 CR 13 SOUTH	ST AUGUSTINE FL	<input type="checkbox"/>
TR.	Warren K. Greer	2712 Elsie RD. King's Estate	ST AUG., FL. 32086	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* Vickie Queen (Vickie) 4/7/00 (904) 460-0854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, one Phone #

CR2E034 (9/99)