

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90759 034 \*\*\*150.00

0036375 AV

DOCUMENT # P01000040143

1. Entity Name  
GADLEY HOME IMPROVEMENTS INC.



Principal Place of Business  
2108 DEBUTANTE DR  
JACKSONVILLE FL 32246

Mailing Address  
2108 DEBUTANTE DR  
JACKSONVILLE FL 32246



2. Principal Place of Business  
9157 Bearden Road  
Suite, Apt. #, etc.

3. Mailing Address  
9157 Bearden Road  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
Jacksonville Florida

City & State  
Jacksonville Florida

4. FEI Number 59-3723367 Applied For Not Applicable

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

Zip Country 32220 Duval Zip Country 32220 Duval

6. Name and Address of Current Registered Agent  
GADLEY, WILLIAM E SR  
7750 KERSHAW DR S  
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent  
Name William E. Gadley SR  
Street Address (P.O. Box Number is Not Acceptable)  
9157 Bearden Road  
City Jacksonville FL Zip Code 32220

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 *William E. Gadley* William E. Gadley 4/26/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2003 Fee will be \$550.00**  
**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                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>GADLEY, JOE ANN<br>7750 KERSHAW DR S<br>JACKSONVILLE FL 32211 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President<br>William Gadley SR.<br>9157 Bearden Road<br>Jacksonville Florida 32220 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William E. Gadley* William E. Gadley 4/26/03 (904) 693-7384  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)