

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000012232

1. Entity Name  
EXTERIORS UNLIMITED, INC.

Principal Place of Business  
100-B PLANTATION DRIVE  
TITUSVILLE FL 32780

Mailing Address  
100-B PLANTATION DRIVE  
TITUSVILLE FL 32780

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3292350

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

HEAPS, ROSE M  
410 S TROPICAL TRAIL  
MERRITT ISLAND FL 32952

Name James Lee Costigan  
Street Address (P.O. Box Number is Not Acceptable)  
100-B Plantation Drive  
City Titusville FL Zip Code 32780

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 Rose Heaps M.  
Signature, typed or printed name of registered agent and title if applicable.

James Lee Costigan  
(NOTE: Registered Agent signature required when registering)

3/15/01  
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 PD  
NAME HEAPS, ROSE M  
STREET ADDRESS 7010 N. U.S. HWY 1, CONDO 104  
CITY-ST-ZIP COCOA FL ☒ Delete

TITLE President  
NAME JAMES LEE COSTIGAN  
STREET ADDRESS 100 B PLANTATION DRIVE  
CITY-ST-ZIP TITUSVILLE, FL 32780 ☒ Change ☐ Addition

TITLE VP  
NAME COSTIGAN, JAMES LEE  
STREET ADDRESS 290 LAKEVIEW BLVD.  
CITY-ST-ZIP COCOA FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME THOMAS, BALK  
STREET ADDRESS 299 MAPLE DR  
CITY-ST-ZIP SATELLITE FL 32937 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Rose M. Heaps  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01 (321-264-5980)  
Date Daytime Phone #

CR2E034 (10/00)