

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053901

1. Entity Name

EXTERIOR ESTATE SERVICES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90060 016 ***150.00

Principal Place of Business

305 E TROPICANA CT
KISSIMMEE FL 34741
US

Mailing Address

305 E TROPICANA CT
KISSIMMEE FL 34741-1152
US

2. Principal Place of Business

2710 KENDALL AVE
Suite, Apt. #, etc.

3. Mailing Address

2710 KENDALL AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

4. FEI Number

59-3388389

Applied For

Not Applicable

Zip

34744-4064

Country

OSCEOLA

Zip

34744-4064

Country

OSCEOLA

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

TARRENCE, H G JR.
305 E TROPICANA CT
KISSIMMEE FL 34741

Name H. GLENN TARRENCE JR.

Street Address (P.O. Box Number is Not Acceptable)
2710 Kendall Avenue

City Kissimmee

FL

Zip Code 34744

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 *H Glenn Tarrence Jr*

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

(NOTE: Registered Agent signature required when reinstating)

4-18-2000

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 D ☐ Delete
NAME TARRENCE, H G JR.
STREET ADDRESS 305 E TROPICANA CT
CITY-ST-ZIP KISSIMMEE FL 34741

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *H Glenn Tarrence Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. GLENN TARRENCE JR 4-18-20 407-932-1691

Date

Daytime Phone #

CR2E034 (9/99)