

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90044 015 ***150.00

DOCUMENT # F98000000750

1. Entity Name

AMERICAN HOME EXTERIOR CORPORATION

Principal Place of Business

Mailing Address

102 B NIGHTINGALE LN.
GULF BREEZE FL 32561

102 B NIGHTINGALE LN.
GULF BREEZE FL 32561-4434

00011000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4182 GULF BREEZE PKWY
Suite, Apt. #, etc.

4182 GULF BREEZE PKWY
Suite, Apt. #, etc.

City & State

Gulf Breeze FL

City & State

Gulf Breeze FL

4. FEI Number

59-3479031

Applied For
Not Applicable

Zip

32561

Country

USA

Zip

32561

Country

USA

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

GENKIN, FRED
102 B NIGHTINGALE LANE
GULF BREEZE FL 32561

Name

FRED GENKIN

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

4182 GULF BREEZE PKWY

City

GULF BREEZE

FL

Zip Code

32561

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]

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

(NOTE: Registered Agent signature required when reinstating)

1/17/00

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

TITLE **P** ☐ Delete
NAME **GENKIN, FRED**
STREET ADDRESS **4361 MARILYN CT.**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **V** ☐ Delete
NAME **IKNER, THOMAS J**
STREET ADDRESS **309 EDGEWATER DR**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP
IKNER, THOMAS J. ☒ Change ☐ Add
580 BOB WHITE CT.
PENSACOLA, FL 32514

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00

Date

(850) 916-7818

Daytime Phone #