FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2002 8:00 am Secretary of State DOCUMENT # F98000000750 1. Entity Name AMERICAN HOME EXTERIOR CORPORATION 02-08-2002 90015 039 ***150.00 Principal Place of Business Mailing Address 4182 GULF BREEZE PWY 4182 GULF BREEZE PWY **GULF BREEZE FL 32561 GULF BREEZE FL 32561** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3479031 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 32563 39563 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GENKIN, FRED Street Address (P.O. Box Number is Not Acceptable) 4182 GULF BREEZE PKWY **GULF BREEZE FL 32561** City Zip Code **33563** 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (9/01) TITLE ☐ Delete Change ☐ Addition NAME GENKIN, FRED NAME 1373 Sound Forest Drive STREET ADDRESS 4361 MARILYN CT. STREET ADDRESS CITY-ST-ZIP **GULF BREEZE FL 32561** Gulf Breeze FL 30563 ☐ Delete TITLE ☐ Addition NAME IKNER, THOMAS J NAME STREET ADDRESS 580 BOB WHITE CT STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME 114 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 literaturowered.

SIGNATURE: