2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90365 018 ***150.00

DOCUMENT # H24306

1. Entity Name

CORNERSTONE BUILDING SYSTEMS, INC.

Principal Place of Business	Mailing Address
~~1909 LAKE ALMA DR.~~	~~1909 LAKE ALMA DR.~~
~~APOPKA FL 32712-3213~~	~~APOPKA FL 32712-3213~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
409 MONTGOMERY RD	P.O. BOX 916297
Suite, Apt. #, etc. SUITE 135	Suite, Apt. #, etc.
City & State ALT SPGS, FL	City & State LONGWOOD, FL
Zip 32714 / Country USA	Zip 32791 / Country USA

4. FEI Number 59-2460196 ☐ 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
SMITH, CHARLES D.	Name
1909 LAKE ALMA DR.	Street Address (P.O. Box Number is Not Acceptable)
APOPKA FL 32712	City FL Zip Code

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] DATE 5/1/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, CHARLES D.		NAME	
STREET ADDRESS	1909 LAKE ALMA DR		STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL		CITY-ST-ZIP	
TITLE	SDT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, JUDY L.		NAME	
STREET ADDRESS	1909 LAKE ALMA DR		STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/99)

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] Date 5/1/00 Daytime Phone # 407 889 7109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR