

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State

05-15-2001 90010 037 ***150.00

DOCUMENT # P00000054762

1. Entity Name

C J SIDING & SOFFT INC.

Principal Place of Business

**3815 OSPREY CIRCLE, APT. D
ST. AUGUSTINE FL 32086**

Mailing Address

**3815 OSPREY CIRCLE, APT. D
ST. AUGUSTINE FL 32086**

2. Principal Place of Business

3815 OSPREY Cir

Suite, Apt. #, etc.

D

3. Mailing Address

3815 OSPREY Cir

Suite, Apt. #, etc.

D

DO NOT WRITE IN THIS SPACE

City & State

ST. AUGUSTINE

City & State

ST. AUGUSTINE

4. FEI Number

59-3655884

Applied For

Not Applicable

Zip

32086

Country

USA

Zip

32086

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BURN, NANCY J**2203 N. PONCE DE LEON BLVD.****ST. AUGUSTINE FL 32095**

7. Name and Address of New Registered Agent

Name

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

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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when resigning)

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	COLOGNA, EMIL SR	
STREET ADDRESS	3815 OSPREY CIRCLE, APT. D	
CITY-STATE-ZIP	ST. AUGUSTINE FL 32095	
TITLE	President	<input type="checkbox"/> Delete
NAME	Lynette Jaudon	
STREET ADDRESS	3815 OSPREY CIRCLE	
CITY-STATE-ZIP	ST. AUG. FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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: **Lynette E. Jaudon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

9048244440

Date

CRE034 (10/00)