## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

**FILED** May 02, 2003 8:00 am Secretary of State 05-02-2003 90193 026 \*\*\*150.00

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DOCUMENT #  1. Entity Name	P00000054762	
CJ SIDING &	SOFFIT, INC.	

Signature   Proceedings   Proceded agent   Proceded age	CO DIDING & BOILIL, I.	1/62 ·				
Suite, Apt. #. etc.  Suite, Ap	DO NOT WRITE		PACE			
Suite, Apt. #. etc.  Suite, Ap	2. Dispired filese of Dunings	2 Mailing Address				
City & State St. Augustine, FL St. Augustine St. Augustine St. Country USA St. Certificate of Status Desired Statu	2725 San Juan Drive	2725 San J	uan Drive			
St. Augustine, FL  ZiD ZiD ZiD ZiD ZiD ZiD ZiD ZiD ZiD Zi	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE	
32086 USA 32086 USA 5. Certificate of Status Desired Fee Required Fee Required Proposed Current Registered Agent Summer Fee Required Proposed Current Registered Agent Fee Required Proposed Current Registered Agent Summer Fee Required Proposed Fee Required Fe		City & State St. August	ine, FL	4 FEI Number 59-3655884	Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE    City   St. Augustine   FL   Zio Code   32095				5. Certificate of Status Desired		
DO NOT WRITE IN THIS SPACE    Street Address (P.O. Box Number is Not Acceptable) Blvd.			Nome	7. Name and Address of Current Registere	d Agent	
IN THIS SPACE    City   St. Augustine   FL   Zio Code 32095	DO NOT WI	OITE .				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   1 - May 1   Feb   1854 150 100 10     After May 1   Feb   1854 150 100 10     After May 1   Feb   1854 125     Make   Checkinayable   10   10   10     Tifle   P	1 2203 N			ess (P.O. Box Number is Not Acceptable) N. Ponce De Leon Blvd	. •	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or general name of registered agent and title if applicable.  January 1 - May 1 Fee is \$550.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  OFFICERS AIND DIRECTORS  TILLE  PAME  Jaudon, Lynette  SIRET ADDRESS  CITY-SI-ZIP  St. Augustine, FL 32086  TILLE  NAME  VP  SIRET ADDRESS  CITY-SI-ZIP  TILLE  STREET ADDRESS  CITY-SI-ZIP  TILLE  STREET ADDRESS  CITY-SI-ZIP  TILLE  ST. Augustine, FL 32086  TILLE  ST. Augustine, FL 32086  TILLE  NAME  ST. Augustine, FL 32086  TILLE  NAME  ST. Augustine, FL 32086  TILLE  NAME  ST. Augustine, FL 32086  TILLE  TILLE  NAME  ST. Augustine, FL 32086  NAME  NAME  NAME  ST. Augustine, FL 32086  NAME	IN THIS SP	ACE	el sale Talente La companya di salente			
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After May 1, Fee is \$550.00 Amended UBR is \$61.25  MakeCheck(Rayableto Florida Department of State)  10. OFFICERS AND DIRECTORS  TITLE PAMME Jaudon, Lynette STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Cologna, Emil Jr. 1125 Kings Estate Rd.  TITLE St. Augustine, FL 32086  TITLE St. Augustine, FL 32086  TITLE NAME STREET ADDRESS CITY-ST-ZIP  1125 Kings Estate Rd. NAME NAME NAME NAME NAME NAME NAME NAME	SIGNATURE Signature, typed or printed name of registered agent an	d fille if applicable, (NOTE	E: Registered Agent signature re	equired when reinstating) DATE		
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