

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90193 026 \*\*\*150.00

DOCUMENT # P00000054762

1. Entity Name

CJ SIDING & SOFFIT, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2725 San Juan Drive

3. Mailing Address

2725 San Juan Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Augustine, FL

City & State

St. Augustine, FL

4. FEI Number

59-3655884

Applied For

Not Applicable

Zip

32086

Country

USA

Zip

32086

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Burn, Nancy J.

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

2203 N. Ponce De Leon Blvd.

City

St. Augustine

FL

Zip Code

32095

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Jaudon, Lynette  
2725 San Juan Dr.  
St. Augustine, FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
Cologna, Emil Jr.  
1125 Kings Estate Rd.  
St. Augustine, FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
St. Augustine, FL 32086

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Daytime Phone #

CR2E034B (12/02)