


**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  
Suite, Apt. #, etc.

3. Mailing Address  
2725 San Juan Drive  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
St. Augustine, FL

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St. Augustine, FL

4. FEI Number  
59-3655884

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Zip 32086 Country USA

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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (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	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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: Lynette E Jaudon 1/30/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)