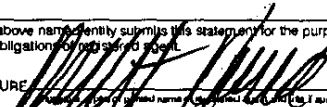
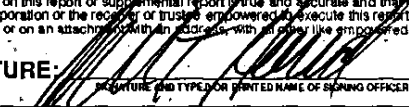


05-02-2003 90745 049 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000071186			
1. Entity Name MILLENNIUM EXTERIORS, INC.			
Principal Place of Business 3781 10TH ST NE ST PETERSBURG, FL 33704		Mailing Address 3781 10TH ST NE ST PETERSBURG, FL 33704	
2. Principal Place of Business		3. Mailing Address 6349 29TH ST NO	
Sulle, Apt. #, etc.		Sulle, Apt. #, etc.	
City & State		City & State St Pete FL	
Zip	Country	Zip	Country
33702		Pinellas	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOWARD, ROBERT 3781 10TH ST NE ST PETERSBURG, FL 33704		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. I am familiar with, and accept the obligation of registration.			
SIGNATURE: 		DATE: 4/30/03	
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, ROBERT	NAME	
STREET ADDRESS	3781 10TH ST NE	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 33704	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Block 11 if changed, or on an attachment with an address, with an other like empowered.			
SIGNATURE: 		DATE: 4/30/03 727 542-8544	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Original Phone #	

90123260



CHECK HERE IF MAKING CHANGES

4. FEE Number 59-3662366 Applied For Not Applicable

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

CR2E034 (10/02)