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2002 UNIFORM B	USINESS	REPORT	(UBR

Principal Place of Business Principal Place of Business Mailing Address 4902 Rondvitw Loop Marianna FL 90416 32 448 2. Principal Place of Business Suite, Apt. #, etc. City & State City & State Country FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 03 OCT 14 PM 1: 19 Marianna FL 90416 32 448 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3665738 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Fee Req	Applied For Not Applicable Additional		
Suite, Apt. #, etc. City & State City & State City & State Country Do Not Write In this space 4. FEI Number 59-3665738 Zip Country Zip Country 5. Certificate of Status Desired	Applied For Not Applicable Additional		
City & State City & State 4. FEI Number 59-3665738 Zip Country Zip Country 5. Certificate of Status Desired	Not Applicable Additional		
Sp-3665738	Not Applicable Additional		
5. Certificate of Status Desired	Additional		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name			
HILLARD, VAN G Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	s (P.O. Box Number is Not Acceptable)		
MARIANNA FL 82446 32448			
City FL Zip C	ode		
	5.00 May Be		
11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECT			
Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME NAME NAME NAME NAME NAME NAME NA	ge 🗌 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP P HILLARD, VAN G 4402 LAFAYETTE STREET 4902 Pandur Ew Logs R4 MARIANNA FL 32446 22448. CITY-ST-ZIP Chan Chan	ge Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Chan	ge 🔲 Addition		
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME NAME OTHER NAME STREET ADDRESS CITY-ST-ZIP	ge 🗌 Addition		
TITLE NAME STREET ADDRESS CITY-ST-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			

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (9/01)

To whom IT May Concern,

I van Hillard Am President of Van Hillard

And song vinyl siding Inc. Because of

health reasons with my mother in

fouston Texas I was unable to Iile

the Uniform Business Report in time

to be filed, Her health is much

better now and I am wanting

to get back to business and

reinstate my corporation to do

business in Florials.

Thank You Vary Much,