

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0552978 AV

DOCUMENT # P00000114855

1. Entity Name
EASTERN EXTERIORS, INC.

04-09-2002 90015 034 ***150.00

Principal Place of Business

**1106 WEST OAK ST
 SUITE A
 KISSIMMEE FL 34741**

Mailing Address

**1106 WEST OAK ST
 SUITE A
 KISSIMMEE FL 34741**



2. Principal Place of Business

2105 CLAY ST.

Suite, Apt. #, etc.

Kiss

3. Mailing Address

2105 CLAY ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE FL

Zip

34741

Country

USA

City & State

KISSIMMEE FL

Zip

34741

Country

USA

4. FEI Number

59-3686710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GUERRA, LUIZ
 1138 CAMBOURNE DRIVE
 KISSIMMEE FL 34758**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **GUERRA, LUIZ**
 STREET ADDRESS **1138 CAMBOURNE DRIVE**
 CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE **D** ☐ Delete
 NAME **GONCALVES, HENRIQUE E**
 STREET ADDRESS **1102 BISCAYNE WAY**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 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 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02 (407)933-1799
 Date Daytime Phone #

CR2E034 (9/01)