

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90438 024 ***158.75

DOCUMENT # P01000009832

1. Entity Name

Five Star Exterior Innovations, Inc.

DO NOT WRITE IN THIS SPACE

671327

2. Principal Place of Business

1496 Winston Lane

Suite, Apt. #, etc.

3. Mailing Address

1496 Winston Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orange Park FL

Zip

32003

Country

USA

City & State

Orange Park FL

Zip

32003

Country

USA

4. FEI Number

59-3693909

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *H. Sean Santiago-Ramos*

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

1496 Winston Lane

City *Orange Park*

FL

Zip Code
32003

**DO NOT WRITE
IN THIS SPACE**

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

H. Sean Santiago-Ramos

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

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

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *President*
NAME *H. Sean Santiago-Ramos*
STREET ADDRESS *1496 Winston Lane*
CITY - ST - ZIP *Orange Pk., FL 32003*

TITLE *V.P. / Sec.*
NAME *Johnny Cannon*
STREET ADDRESS *3522 Coljean Ct. Lot 18*
CITY - ST - ZIP *Jacksonville FL 32221*

TITLE *V.P. / Treas.*
NAME *James Davis*
STREET ADDRESS *189 B Old Jennings Rd.*
CITY - ST - ZIP *Middleburg FL 32065*

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

H. Sean Santiago-Ramos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

DATE

904-278-5848

DAYTIME PHONE #

CR2E034B (12/01)