

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90036 045 ***150.00

0036971 AV

DOCUMENT # P01000022281

1. Entity Name
AMERICAN PRIDE EXTERIORS, INC.

Principal Place of Business 11341 DISTRUBITION AVENUE EAST SUITE 5 JACKSONVILLE FL 32256	Mailing Address 11341 DISTRUBITION AVENUE EAST SUITE 5 JACKSONVILLE FL 32256
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3706936** Applied For: Not Applicable
 5. Certificate of Status Desired: No! Additional Fee Required: \$0.75

6. Name and Address of Current Registered Agent
STOCKHO, L GEORGE
3090 NE 106TH ST.
ANTHONY FL 32617.

7. Name and Address of New Registered Agent
 Name: **N/A**
 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: **N/A** (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) **N/A.**

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. No! ~~\$5.00~~ May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> Delete
NAME: STOCKHO, L GEORGE	
STREET ADDRESS: 3090 N.E. 106TH STREET	
CITY-ST-ZIP: ANTHONY FL 32617	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P-V-T-S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: STOCKHO, L. GEORGE	
STREET ADDRESS: 3090 N.E. 106TH STREET	
CITY-ST-ZIP: ANTHONY, FLORIDA 32617	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: **George Stockho** 1/21/02 Date: **(904) 838-3263** Daytime Phone #