

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P01000072191

1. Entity Name
ALL EXTERIOR ALUMINUM, INC.



FILED
03 DEC 26 AM 2:37
TALLAHASSEE, FLORIDA

Principal Place of Business
**5889 WOODHILL CT
CRYSTAL RIVER, FL 34429**

Mailing Address
**5889 WOODHILL CT
CRYSTAL RIVER, FL 34429**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3753763**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**SCHLUMBERGER, ROBERT
6220 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUGGLE-WILSON, PATRICIA E 5889 WOODHILL CT CRYSTAL RIVER, FL 34429	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Tuggle - Wilson Patricia 5889 W. Woodhill Ct Crystal River, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, DANIEL A 5889 W. Woodhill Ct Crystal River FL 34429
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Tuggle-Wilson Date: 12/17/03 Daytime Phone #: 352-302-7693

CR2034 (10/02)