

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90150 007 \*\*\*150.00

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**DOCUMENT # P01000094238**

1. Entity Name

**AMAZING SIDING INC.**

Principal Place of Business

**701 KENILWORTH CIRCLE  
 #205  
 LAKE MARY FL 32746**

Mailing Address

**701 KENILWORTH CIRCLE  
 #205  
 LAKE MARY FL 32746**



2. Principal Place of Business

**780 OAKLAND HILLS CIRCLE #208**

3. Mailing Address

**780 OAKLAND HILLS CIRCLE #208**

DO NOT WRITE IN THIS SPACE

City & State

**LAKE MARY FL.  
 32746 Seminole**

City & State

**LAKE MARY FL.  
 32746 Seminole**

4. FEI Number

**59-3568241**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BUTLER, KENNETH L  
 701 KENILWORTH CIRCLE  
 #205  
 LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**780 OAKLAND HILLS CIRCLE #208**  
 City **LAKE MARY** FL **32746**

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 **KENNETH L. BUTLER** **1-14-2002**  
 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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BUTLER, KENNETH L</b>	
STREET ADDRESS	<b>701 KENILWORTH CIRCLE #205</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BUTLER, KENNETH L</b>	
STREET ADDRESS	<b>780 OAKLAND HILLS CIR. #208</b>	
CITY-ST-ZIP	<b>LAKE MARY FL. 32746</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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 **KENNETH L. BUTLER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-14-2002 402-833-8202**

Date

Daytime Phone #

CP2E034 (9/01)