

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

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0200087233	
1. Entity Name	
XTERIORS OF FLORIDA, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13176 NORTH DALE MABRY SUITE 211 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State	
Zip 33618	Country	Zip	Country

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0409534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MIKE RICHARDSON	
Street Address (P.O. Box Number is Not Acceptable) 13176 M DALE MABRY	
SUITE 211	
City TAMPA	Zip Code 33618

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

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MIKE RICHARDSON 13176 N DALE MABRY HWY, SUITE 201 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11.

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Xteriors of Florida, Inc.
13176 North Dale Mabrey Hwy, Suite 211
Tampa, Florida 33618

~~November 20, 2003~~

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Xteriors of Florida, Inc. Uniform Business Report.

Please be advised that during a routine search by our accountants, it was noted that we had not filed our uniform business report.

We did not receive the uniform business report or any other notifications. Some of our business mail has been misdirected by the letter carrier. The postal carrier has been instructed to deliver all of the mail and we would return any mail not ours.

Enclosed is a UBR prepared by our accountants and a check for \$150. please accept this as payment of our annual fee.

Yours truly,



Michael Richardson
President