

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000013867

1. Entity Name

ALL PRO SIDING & CONSTRUCTION, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90030 014 \*\*\*150.00

Principal Place of Business

Mailing Address

13665 SOUTHEAST 47TH TERRACE  
SUMMERFIELD FL 34491

P.O. BOX 2050  
BELLEVIEW FL 34421-2050

2. Principal Place of Business

3. Mailing Address

5209 SE 114th Street

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Belleview FL

4. FEI Number

65-0388119

Applied For

Not Applicable

Zip

Country

Zip

Country

34420

marion

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROVENZANO, JAMES L  
13665 SOUTHEAST 47TH TERRACE  
SUMMERFIELD FL 34491

Name

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

5209 SE 114th Street

City

Belleview

FL

Zip Code

34421

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PROVENZANO, JAMES L  
CITY - ST - ZIP 13665 SOUTHEAST 47TH TERRACE  
SUMMERFIELD FL 34491

TITLE ☐ Change ☐ Addition  
NAME Provenzano, James L.  
STREET ADDRESS 5209 SE 114th St.  
CITY - ST - ZIP Belleview FL 34420

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

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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 James L Provenzano James L Provenzano 4/14/00 352-245-0063  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)