

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024541

1. Entity Name

EXTERIOR CONSULTANTS, INC.

Principal Place of Business

ATTN: L.L. PITTMAN  
1952 PARK MEADOW DRIVE UNIT 2  
FT MYERS FL 33907

Mailing Address

ATTN: L.L. PITTMAN  
1952 PARK MEADOW DRIVE UNIT 2  
FT MYERS FL 33907-3704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0578707

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Dennis K. Guenther, Jr.

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

8107 NW 47th Street

City

Ocala

FL

Zip Code

32675

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

Dennis K. Guenther, Jr., President

Signature, typed or printed name of registered agent, or both, 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 D ☒ Delete  
NAME PITTMAN, LARRY L  
STREET ADDRESS 6338 PRESIDENTIAL CT #102  
CITY-ST-ZIP FT MYERS FL 33919

TITLE D/P/S/T ☐ Change ☒ Addition  
NAME Guenther, Dennis K. Jr.  
STREET ADDRESS 8107 NW 47th Street  
CITY-ST-ZIP Ocala, FL 32675

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90063 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE