

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026985

1. Entity Name

BANNER EXTERIORS, INC.

Principal Place of Business

3302 1/2 ENTERPRISE DR
FT PIERCE FL 34982

Mailing Address

3302 1/2 ENTERPRISE DR
FT PIERCE FL 34982

2. Principal Place of Business

504 S. 33 ST.

Suite, Apt. #, etc.

3. Mailing Address

504 S. 33 ST.

Suite, Apt. #, etc.

City & State

FT. Pierce FL

City & State

FT. Pierce FL

Zip

34947

Country

USA

Zip

34947

Country

USA

6. Name and Address of Current Registered Agent

LOPER, DAVID II
1502 NEPTUNE
PT ST LUCIE FL 34952

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.

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP
P LOPER, DAVID II 1502 SW NEPTUNE AVE PORT ST. LUCIE FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
V LOPER, DAVID 5804 BAMBOO DR. FT. PIERCE FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
T LOPER, DAVID II 1502 SW NEPTUNE AVE PORT ST. LUCIE FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90280 049 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)