

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000056765

Entity Name: U.B. EXTERIOR DESIGN, INC.

**FILED**  
**Mar 19, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

5316 COLONIAL AVE.  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

6642 HYDE GROVE AVE.  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

5316 COLONIAL AVE  
JACKSONVILLE, FL 32210

**New Mailing Address:**

6642 HYDE GROVE AVE.  
JACKSONVILLE, FL 32210

FEI Number: 59-3326754

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BIASIZZO, UDO T  
5316 COLONIAL AVE.  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

BIASIZZO, UDO T  
6642 HYDE GROVE AVE.  
JACKSONVILLE, FL 32210 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/19/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BIASIZZO, UDO T  
Address: 5143 COLONIAL AVE.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP ( ) Delete  
Name: BIASIZZO, TINA  
Address: 5143 COLONIAL AVE  
City-St-Zip: JACKSONVILLE, FL 32210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BIASIZZO, UDO T  
Address: 6642 HYDE GROVE AVE.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP (X) Change ( ) Addition  
Name: BIASIZZO, TINA  
Address: 6642 HYDE GROVE AVE.  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA BIASIZZO

Electronic Signature of Signing Officer or Director

VP

03/19/2005

Date