

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 18, 2008  
Secretary of State**

DOCUMENT# P95000056765

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

**Current Principal Place of Business:**

6642 HYDE GROVE AVE.  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

6642 HYDE GROVE AVE.  
JACKSONVILLE, FL 32210

**New Mailing Address:**

5139 GLENWOOD AVE.  
JACKSONVILLE, FL 32205

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  
6642 HYDE GROVE AVE.  
JACKSONVILLE, FL 32210      US

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

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

Title: S ( ) Delete  
Name: ANDREWS, TINA  
Address: 5139 GLENWOOD AVE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: ANDERSON, TINA M  
Address: 5139 GLENWOOD AVE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP ( ) Change (X) Addition  
Name: BENNETT, JORDAN D  
Address: 3378 WESTFIELD DR.  
City-St-Zip: GREEN COVE SPRINGS, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: UDO T. BIASIZZO

P

11/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date