FOR PROFIT CORPORATION IIFORM BUSINESS REPORT (UBR)

DO NOT WRITE IN THIS SPACE

Florida Exteriors



FILFD

03 SEP 30 AM 8: 23

SECRETARY OF STATE FALLAHASSEE OF ORIDA

2. Principal Place of Business	3. Mailing Address
7559 Pacy 7-	7550 D-04 X -

2559 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59345380 Applied For Santord Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32773 Seminol Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 8. The above named entity submits this state for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

-22-63

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS President TITLE JITI F NAME Ernest Cherry NAME 0900023360220 09/26/03-01039-023 **150.00 STREET ADDRESS 626 tomlinson Terr. Lake Mary, FL 32746 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 of 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/02)



2559 Park Drive • Sanford, Florida 32773 • Phone: 407-322-3545 • Fax: 407-330-4819
Toll Free: 1-888-71-VINYL

September 22, 2003

To Whom It May Concern:

Per a conversation with Andy Dunlap on September 17th, 2003, he informed me that since I never received the first or second notice for filing of the Uniform Business Report, our payment of \$150.00 would be accepted and I will not be charged any late fees.

Thank you,

Ernest Cherry

President

Florida Exteriors