2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075407

Entity Name

GUARANTEED EXTERIORS, INC.

FILED May 04, 2001 8:00 am Secretary of State

05-04-2001 90004 016 ***150.00

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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Only FL Zop Code 8. The above named entity submits this statement for the purpose of changing its registered deflice or registered agent, or both, in the State of Florida. SIGNATURE Signature, hold or preservance agent and too it approach. PILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State NAME TILE OFFICERS AND DIRECTORS IN 11 TILE PORBES, DAVID SIRRET ADDRESS OUT-ST-ZP PENSACOLA FL 32534 Delete TILE OBERS SIRRET ADDRESS OUT-ST-ZP PENSACOLA FL 32534 TILE OBERS TILE OBERS SIRRET ADDRESS OUT-ST-ZP TILE OBERS TILE OBERS TILE OBERS SIRRET ADDRESS OUT-ST-ZP TILE OBERS TILE OBERS TILE OBERS SIRRET ADDRESS OUT-ST-ZP TILE OBERS TILE OBERS TILE OBERS SIRRET ADDRESS OUT-ST-ZP TILE OBERS TILE OBERS TILE OBERS TILE OBERS TILE OBERS SIRRET ADDRESS OUT-ST-ZP TILE OBERS TILE OBERS SIRRET ADDRESS OUT-ST-ZP TILE OBERS TILE OBERS TILE OBERS TILE OBERS SIRRET ADDRESS OUT-ST-ZP TILE OBERS TILE	City & State		City & State		4. FEI Number 59-3465735	<u> </u>		
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP			CITY-ST-ZIP				

13. I hereby certify that the information supplied with this filling does not quality 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:

mil John DAV, S F. FORBES

9-64-01 850 478-S

Daytime Phone #