

FILED
Aug 27, 2002 8:00 am
Secretary of State

07-29-2002 90006 009 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000046842**

1. Entity Name

J.D.W. Soffit & Sons, Inc. ✓**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8152 TROXLER DR.

Suite, Apt. #, etc.

3. Mailing Address

8152 TROXLER DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

42283

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3516655

Applied For

Not Applicable

Zip

32825

Country

ORANGE

Zip

32825

Country

ORANGE5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **LEA BRUNSON**

Street Address (P.O. Box Number is Not Acceptable)

8152 TROXLER DR.City **ORLANDO****FL**Zip Code **32825****DO NOT WRITE IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$81.25
 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	DP LEA M. BRUNSON 8152 TROXLER DR. ORLANDO, FL 32825	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DY KIMBERLY BRUNSON 8152 TROXLER DR. ORLANDO, FL 32825	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Kimberly C Brunson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIMBERLY C BRUNSON**7/18/02**

Date

407-249-0140

Daytime Phone

CR2E034B (12/01)

Attachment 42283

#P98001046842

July 14, 2002

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

We have received our first notice to file the UBR this past week. I'm not sure why we did not receive the original notice. I have spoken to your customer service representative and she directed us to pay the original \$150.00 and include a letter stating that this was our first notice.

Respectfully,



Kim Brunson
JDW Soffit & Siding, Inc.

I neglected to include my check with my UBR. Please except this check and report.

