

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068435

Entity Name

PRO-DESIGN EXTERIORS, INC.

FILED**Jan 18, 2000 8:00 am**
Secretary of State

01-18-2000 90111 001 ***150.00

Principal Place of Business

FLORIDA AVE.

JACKSONVILLE FL 32206

Mailing Address

P.O. BOX 61055

JACKSONVILLE FL 32236-1055

D0003050



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1745 Wells Rd

3. Mailing Address

1745 Wells Rd

Suite, Apt. #, etc.

#1501

Suite, Apt. #, etc.

#1501

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

Zip

Country

32073

Zip

Country

32073

4. FEI Number

150-3525407

Applied for New #

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DONALD M JR.

2824 FLORIDA AVE.

JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent

Name Peery, William W

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

1745 Wells Rd., #1501

City

ORANGE PARK

FL

Zip Code

32073

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

1-07-00

This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2000 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

NAME	P	JOHNSON, DONALD M JR.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS		2094 OXBOW RD.	
CITY-STATE-ZIP		JACKSONVILLE FL 32210	

NAME	VP	PEERY, WILLIAM W	<input type="checkbox"/> Delete
STREET ADDRESS		1745 WELLS RD., #1501	
CITY-STATE-ZIP		ORANGE PARK FL 32073	

NAME			<input type="checkbox"/> Delete
STREET ADDRESS			
CITY-STATE-ZIP			

NAME			<input type="checkbox"/> Delete
STREET ADDRESS			
CITY-STATE-ZIP			

NAME			<input type="checkbox"/> Delete
STREET ADDRESS			
CITY-STATE-ZIP			

NAME			<input type="checkbox"/> Delete
STREET ADDRESS			
CITY-STATE-ZIP			

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peery, William W	
STREET ADDRESS	1745 Wells Rd., #1501	
CITY-STATE-ZIP	ORANGE PARK FL 32073	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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CITY-STATE-ZIP		

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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-07-00

(904) 781-7226

CR2E034 (9/99)