2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

Principal Place of Business 1032 PRINCESS GATE BLVD

2. Principal Place of Business

WINTER PARK FL 32792

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

P98000081355

Mailing Address

209 FARRINGTON LANE

KISSIMMEE FL 34744

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

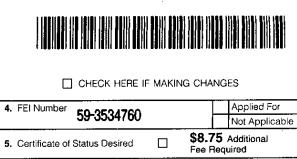
1. Entity Name

A-1 DISCOUNT SIDING, INC.



FILED
3)
Jan 17, 2003 8:00 am
Secretary of State
01-17-2003 90074 037 ***150.00

300034---



LASEK, TERRENCE J 1032 PRINCESS GATE BLVD WINTER PARK FL 32792

7. Name and Address of New Registered Agent				
Name				
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Street Address (P.O. Box Number is Not Acceptable)				
Citv			FI	Zip Code
J,			ГL	

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. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE Change TITLE ☐ Delete LASEK, TERRENCE J NAME NAME STREET ADDRESS 1032 PRINCESS GATE BLVD STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE LASEK, RONALD SR NAME NAME STREET ADDRESS 5410 ALBERT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 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 697. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE (NO PRESON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03 4-7 201-6981

R2E034 (10/02