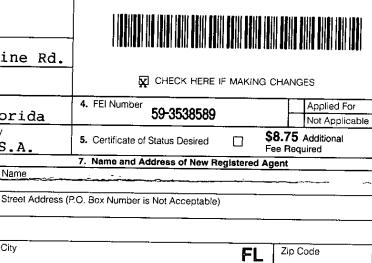
## **FILED** Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90281 032 \*\*\*150.00

**2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR** P98000090668 DOCUMENT # 1. Entity Name LASTING EXTERIORS, INC. Principal Place of Business Mailing Address 2055 EMERSON STREET 2055 EMERSON ST. JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 3365 St. Augustine Rd. 3. Mailing Address 3365 St. Augustine Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Jacksonville, Florida City & State 4. FEI Number Jacksonville, Florida Zip 32207 Country Zip Country U.S.A. 32207 U.S.A. 6. Name and Address of Current Registered Agent



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. SIGNATURE

Name

City

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

CLANCE, WAYNE D

326 LANE AVE S. JACKSONVILLE FL 32254

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2003 Fee will be \$550.00 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								
			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
NAME	1. –	☐ Delete	TITLE		F. Howard		Change	☐ Addition
STREET ADDRESS	HOWARD, DAVID F		NAME	1P/5/T				
	2055 EMERSON ST		STREET ADDRESS		Augustine	Rd.		
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP	Jax, FL	32207	2104		
TITLE	DVST	☐ Delete	TITLE	Director	c V		€ Change	Addition
NAME	HOWARD, CYNTHIA		NAME	Cunthia	Howard		K1 cuanta	Addition
STREET ADDRESS	2055 EMERSON ST.		STREET ADDRESS	3365 C+	Augustine	DА		
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP	Jax, F				,
TITLE	D	Пан			3220	<u> </u>		
NAME	, –	- Delete	TITLE _	D	Augustine	・オービ	🔀 Change	Addition
STREET ADDRESS	RICHARDSON, DAVID E		NAME	Kicharc	JOHN DHA	IQ D		
CITY-ST-ZIP	2055 EMERSON ST		STREET ADDRESS	3365 St.	Augustine	Rd.		
TITL 5	JACKSONVILLE FL 32207	·	CITY-ST-ZIP					i
TITLE		Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					_
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					ľ
TITLE		☐ Delete	TITLE				☐ Change	( Addition
NAME			NAME				☐ Change	Addition
STREET ADDRESS			STREET ADDRESS					{
CITY-ST-ZIP			CITY-ST-ZIP					1
TITLE								
NAME		☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS			NAME					ļ
CITY-ST-ZIP			STREET ADDRESS					
G111-51-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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

Description with type if DOWN and O'D IN MINE OF IN BUT OF PHECTOR

1/07/2003

(904) 306-9555