

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-15-2003 90281 032 ***150.00

DOCUMENT # P98000090668

1. Entity Name
LASTING EXTERIORS, INC.



Principal Place of Business
**2055 EMERSON STREET
JACKSONVILLE FL 32207**

Mailing Address
**2055 EMERSON ST.
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
Jacksonville, Florida

Zip
32207

Country
U.S.A.

Zip
32207

Country
U.S.A.

4. FEI Number
59-3538589

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLANCE, WAYNE D
326 LANE AVE S.
JACKSONVILLE FL 32254**

Name

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

City

FL

Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE NOW!!! FEE IS \$150.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWARD, DAVID F 2055 EMERSON ST JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST HOWARD, CYNTHIA 2055 EMERSON ST. JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, DAVID E 2055 EMERSON ST JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David F. Howard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PSIT 3365 St. Augustine Rd. Jax, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cynthia Howard 3365 St. Augustine Rd. Jax, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richardson, David E 3365 St. Augustine Rd.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **David F. Howard, President**
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/2003 (904) 306-9555
Date Daytime Phone #

CR2E034 (10/02)