

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 29, 2002 8:00 am
Secretary of State

09-29-2002 90001 041 ***550.00

DOCUMENT # P99000038580

1. Entity Name

SUPERIOR EXTERIORS OF NORTHWEST FLORIDA INC.

Principal Place of Business

**650 JAMES LEE BLVD. WEST.STE.3
 CRESTVIEW FL 32536**

Mailing Address

**650 JAMES LEE BLVD. WEST.STE.3
 CRESTVIEW FL 32536**

2. Principal Place of Business

156 Alabama St.

3. Mailing Address

156 Alabama St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crestview, FL

City & State

Crestview, FL

Zip

32536

Country

Zip

32536

Country

4. FEI Number

59-3573448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HOLLAND, LEE P
 230 HOLLAND AVE.
 CRESTVIEW FL 32536**

7. Name and Address of New Registered Agent

Name **McClard, Daniel J**

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

502 Second Ave.

City

Crestview

FL

Zip Code

32536

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

9/12/02

9. 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, 2002 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**

11. OFFICERS AND DIRECTORS

TITLE **VP** ☒ Delete
 NAME **HOLLAND, LEE P**
 STREET ADDRESS **230 HOLLAND ST**
 CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **P** ☐ Delete
 NAME **MCCLARD, DANIEL J**
 STREET ADDRESS **502 2ND AVE E.**
 CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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

9/12/02 (850) 689-2221
 Date Daytime Phone #

CR2E034 (9/01)