

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**  
 05-16-2001 90018 019 \*\*\*150.00

0655582

**DOCUMENT # P99000071227**

1. Entity Name  
**QUALITY EXTERIORS, INC.**

Principal Place of Business      Mailing Address  
**8500 GREEN ST.**      **8500 GREEN ST.**  
**PORT RICHEY FL 34668**      **PORT RICHEY FL 34668**

**550082**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**8500 Green Street**      **8500 Green Street**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**PR FL**      **PR FL**  
 Zip      Country      Zip      Country  
**34668**      **US**      **34668**      **US**

4. FEI Number      Applied For  
**59-3594016**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WILLIAMS, JOHN C**  
**8500 GREEN ST.**  
**PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent  
 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.  
 SIGNATURE: John C Williams      DATE: 5-01-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back)      **After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, JOHN C</b>	NAME	
STREET ADDRESS	<b>8500 GREEN ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, STEPHANIE M</b>	NAME	
STREET ADDRESS	<b>8500 GREEN ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: John C Williams      Date: 5/01/01      Daytime Phone #: (813) 245-9896  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)