2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P99000106694 **DOCUMENT#**

1. Entity Name

R&R EXTERIOR ARTS, INC.



Apr 28, 2003 8:00 am Secretary of State
04-28-2003 91386 044 ***150.00 **FILED**

Principal Place of Business						TELS!					
Sullo, Apt. 9, etc. Sullo, Apt. 9, etc. Sullo, Apt. 9, etc. Sullo, Apt. 9, etc. City & State City & State City & State County	4209 LAKE MARIANNA DR.		4209	4209 LAKE MARIANNA DR.			11	 			
City & State Ci	2. Principal Place of Business			3. Mailing Address							
Zip Country Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
Country Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Regulator Apart	City & Stat	te	City & State				4. FEI Nu	mber 59-3612670		<u> </u>	
ARTMAN, STEPHEN H 908 SO. FLA. AVE.102,COLONIAL BLDG. LAKELAND FL 33803 City FL Zp Cod City	Zip	Country	Zip		Country		5. Certific	cate of Status Desired		8.75 Add	litional
ARTMAN, STEPHEN H 908 SO, FILA AVE.102,COLONIAL BLDG. LAKELAND FL 33803 ** ** ** ** ** ** ** ** **		6. Name and Address of Current I	Register	ed Agent			7. Name	and Address of New Re	gistered A	gent	
SIGNATURE Street Address IP.C. sox Number is Not Acceptable) City FL Zip Code					Name	Name					
City FL Zip Code				•	Street A	Address (F	P.O. Box Nur	mber is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature Signature treef or printed name of registered agent and take 1 appointable. MATE Registered Agent signature required whos restoration; DATE	LAKELANI	D FL 33803								***	
SIGNATURE TILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State TILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State TILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State TILE NOW!!! FEE IS \$150.00 Added to Feese Trust Fund Contribution.	•								FL	Zip Code	е
Spinuse, plant or printe name of registered agent and like if applicable. NOTE Registered Agent agent are required when receiving to provide printed from the state Stat			the purp	pose of changing its re	gistered office o	r registere	ed agent, or	both, in the State of Flor	ida. I am fa	miliar with,	and accept
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE DALEY, RICK NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP ADDITIONS TITLE NAME SIRET ADDRESS CITY-ST-ZIP ADDITIONS TITLE NAME SIRET ADDRESS CITY-ST-ZIP ADDITIONS TITLE NAME SIRET ADDRESS CITY-ST-ZIP ADDRESS C	SIGNATURE	Signature, typed or printed name of registered agent a	nd title if app	oticable. (NOTE: Re	egistered Agent signa	ture required	when reinstating)	DATE		
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12. Thereby 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: