

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005892

1. Entity Name

AMERICAN EXTERIORS, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90105 030 ***158.75

Principal Place of Business: 2912 WOODLAWN TRAIL, ALEXANDRIA VA 22306
 Mailing Address: PO BOX 4665, ALEXANDRIA VA 22303-0665

80007221



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1214022**

Applied For
Not Applicable

Zip Country

Zip Country

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

PINTER, MICHAEL ATTY
4328 CORPORATE SQUARE SUITE C
NAPLES FL 34104

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PC GODWIN, RODNEY E 2912 WOODLAWN TRAIL ALEXANDRIA VA 22306 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUINN, TIMOTHY J 2912 WOODLAWN TRAIL ALEXANDRIA VA 22306 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLUEITT, DANIEL W 2912 WOODLAWN TRAIL ALEXANDRIA VA 22306 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BOHN, SALLY J 2912 WOODLAWN TRAIL ALEXANDRIA VA 22306 <input type="checkbox"/> Delete
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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: *Timothy J. Quinn* **TIMOTHY J. QUINN V.P.** 1/17/2000 (703) 765-1010
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #