

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2002 8:00 am**  
**Secretary of State**  
 01-08-2002 90030 019 \*\*\*158.75

0102447 AV

**DOCUMENT # 631037**  
 1. Entity Name  
**CONTINENTAL WINDOWS AND GLASS, INC.**

Principal Place of Business Mailing Address  
**4653 L. B. MCLEOD ROAD, SUITE A** **4653 L. B. MCLEOD ROAD, SUITE A**  
**ORLANDO FL 32811** **ORLANDO FL 32811**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1962524** 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  
**MIRANDA, JOHN**  
**4653 L. B. MCLEOD ROAD, SUITE A**  
**ORLANDO FL 32811**

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 Miranda* **John Miranda, President** **01/03/2002**  
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>SSDC</b> <input type="checkbox"/> Delete <b>MIRANDA, JOHN</b> <b>4653 L.B. MCLEOD RD. #A</b> <b>ORLANDO FL 32811</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>LOWE, GEORGE T</b> <b>4653 L.B. MCLEOD RD. #A</b> <b>ORLANDO FL 32811</b> <i>(Delete)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>RODRIGUEZ, JOSE</b> <b>4653 L.B. MCLEOD RD. #A</b> <b>ORLANDO FL 32811</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD</b> <input type="checkbox"/> Delete <b>GRINEVICIUTE, RUTA</b> <b>4653 L.B. MCLEAD RD. #A</b> <b>ORLANDO FL 32811</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>MIRANDA, JILL</b> <b>7430 GREEN TREE DRIVE</b> <b>ORLANDO FL 32819</b> <i>(Delete)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Patrick Harrington</b> <b>4653 LB McLeod Rd. #A</b> <b>Orlando, FL 32811</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>David Clifton</b> <b>4653 LB McLeod Rd. #A</b> <b>Orlando, FL 32811</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Miranda* **John Miranda** **01/03/2002** **407-422-9899**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

101(6) 40203