

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90119 042 ***158.75

DOCUMENT # 631037

1. Entity Name
CONTINENTAL WINDOWS AND GLASS, INC.



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

Mailing Address
**4653 L. B. MCLEOD ROAD, SUITE A
ORLANDO FL 32811**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1962524**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIRANDA, JOHN
4653 L. B. MCLEOD ROAD, SUITE A
ORLANDO FL 32811

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John Miranda

John Miranda, President

01/03/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SSDC	<input type="checkbox"/> Delete
NAME	MIRANDA, JOHN	
STREET ADDRESS	4653 L.B. MCLEOD RD. #A	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CLIFTON, DAVID	
STREET ADDRESS	4653 L.B. MCLEOD RD. #A	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, JOSE	
STREET ADDRESS	4653 L.B. MCLEOD RD. #A	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	GRINEVICIUTE, RUTA	
STREET ADDRESS	4653 LB MCLEOD RD #A	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HARRINGTON, PATRICK	
STREET ADDRESS	4653 LB MCLEOD RD #A	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/S/D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

John Miranda

01/03/03

407-402-9897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)