

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90046 045 \*\*\*150.00

**DOCUMENT # F21601**

1. Entity Name  
**AMERICAN WINDOW PRODUCTS, INC.**

Principal Place of Business

**2633 POWERS AVE.  
 JACKSONVILLE FL 32207**

Mailing Address

**2633 POWERS AVE.  
 JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2066817**

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

**BAER, MACK III  
 1591 SCOTTRIDGE LANE  
 SWITZERLAND FL 32259**

Name **Keith A. Gurr**

Street Address (P.O. Box Number is Not Acceptable)

**2745 Chelsea Cove Drive**

City **Jacksonville**

FL

Zip Code **32223**

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 **Keith A. Gurr, President**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/30/2002**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                |                                            |
|----------------|--------------------------------|--------------------------------------------|
| TITLE          | C                              | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BAER, MACK JR</b>           |                                            |
| STREET ADDRESS | <b>9252 SAN JOSE BLVD 2101</b> |                                            |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>         |                                            |
| TITLE          | S                              | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BAER, ANNA BELLE</b>        |                                            |
| STREET ADDRESS | <b>9252 SAN JOSE BLVD 2101</b> |                                            |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>         |                                            |
| TITLE          | P                              | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BAER, MACK III</b>          |                                            |
| STREET ADDRESS | <b>1591 SCOTTRIDGE LANE</b>    |                                            |
| CITY-ST-ZIP    | <b>SWITZERLAND FL 32259</b>    |                                            |
| TITLE          | T                              | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BAER, PEGGY J</b>           |                                            |
| STREET ADDRESS | <b>1591 SCOTTRIDGE LANE</b>    |                                            |
| CITY-ST-ZIP    | <b>SWITZERLAND FL 32259</b>    |                                            |
| TITLE          |                                | <input type="checkbox"/> Delete            |
| NAME           |                                |                                            |
| STREET ADDRESS |                                |                                            |
| CITY-ST-ZIP    |                                |                                            |
| TITLE          |                                | <input type="checkbox"/> Delete            |
| NAME           |                                |                                            |
| STREET ADDRESS |                                |                                            |
| CITY-ST-ZIP    |                                |                                            |

|                |                                |                                                                              |
|----------------|--------------------------------|------------------------------------------------------------------------------|
| TITLE          | P                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Keith A. Gurr</b>           |                                                                              |
| STREET ADDRESS | <b>2745 Chelsea Cove Dr.</b>   |                                                                              |
| CITY-ST-ZIP    | <b>Jacksonville, FL. 32223</b> |                                                                              |
| TITLE          | T/S                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>VICKI Gurr</b>              |                                                                              |
| STREET ADDRESS | <b>2745 Chelsea Cove Dr.</b>   |                                                                              |
| CITY-ST-ZIP    | <b>Jacksonville, FL. 32223</b> |                                                                              |
| TITLE          | M                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Edward L. Rule</b>          |                                                                              |
| STREET ADDRESS | <b>7044 Old Middleburg Rd.</b> |                                                                              |
| CITY-ST-ZIP    | <b>Jacksonville, FL. 32222</b> |                                                                              |
| 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    |                                |                                                                              |

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: **Keith A. Gurr, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/2002**

Date

**904-731-2247**

Daytime Phone #

CR2E034 (9/01)