

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M76013

1. Entity Name

GOLDEN GATE WINDOW & SCREEN, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90802 042 ***150.00

Principal Place of Business

Mailing Address

1876 40TH TERRACE SW
NAPLES FL 34116
US

1876 40TH TERRACE. S.W.
NAPLES FL 34116-6010
US

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

65-0056952

Applied For

Not Applied For

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

ANDREWS, ANN M.
1876 40TH TERRACE SW
NAPLES FL 33999

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 changing)

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 VP
NAME MILLER, THEODORE R
STREET ADDRESS 841 101ST AVENUE NORHT
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Add

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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:

THEODORE R. MILLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00 941-455-472
Date Daytime Phone #