2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

Jan 24, 2002 8:00 am Secretary of State DOCUMENT # P01000045221 1. Entity Name PALM BEACH WINDOW & DOOR COMPANY 01-24-2002 90369 022 ***150.00 Principal Place of Business Mailing Address 815 NORTH VIEW DR. 815 NORTH VIEW DR. JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address 2581 Jup <u>2581 Jupiter Park Or</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Juo! Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Palm Beach Co 33 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent William J SHEAT WILLIAM JITI Street Address (P.O. Box Number is Not Acceptable) 815 NORTH VIEW DR. upiter JUPITER FL 33458 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE TITLE CR2E034 (9/01) ☐ Delete Change Addition Shea William J. 11 NAME SHEA, WILLIAM J II NAME 2581 Jupiter Park Dr # E17 STREET ADDRESS 815 NORTH VIEW DR. STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP upiter, Florida TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED