


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

DOCUMENT # P01000052146 1. Entity Name Continental Window & Door of Florida, Inc.	
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FILED
03 JUN -5 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4311 West Belmont Avenue Suite, Apt. #, etc.	3. Mailing Address 4311 West Belmont Avenue Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Chicago, Illinois	City & State Chicago, Illinois	4. FEI Number 65-1105057	Applied For Not Applicable
Zip 60641	Country USA	Zip 60641	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent		
Name	Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable)	1201 Hayes Street	
City	Tallahassee	FL Zip Code 32301

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 *Nick Gutu* 01/14/2003
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director Nick Gutu 4311 West Belmont Avenue Chicago, IL 60641	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <i>OB</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400020548034
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

2E034B (12/02)

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 on an attachment with an address, with another like employed.

SIGNATURE: *Nick Gutu* **Nick Gutu** 6-2-2003 (773) 794-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : ~~118002~~ 4326744

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 908.75

ORDER DATE : June 4, 2003

ORDER TIME : 11:47 AM

ORDER NO. : 118002-005

CUSTOMER NO: 4326744

CUSTOMER: David J. Jolivette, Esq
Jolivette & Templer, P.c.
Suite 1017
10 South Lasalle Street
Chicago, IL 60603

DOMESTIC FILINGS

NAME: CONTINENTAL WINDOW & DOOR
OF FLORIDA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward, Ext. 1135

EXAMINER'S INITIALS _____

RECEIVED
03 JUN -5 PM 1:03
DIVISION OF CORPORATION