

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90047 002 \*\*\*150.00

DOCUMENT # P97000058395

1. Entity Name

SIGMA WINDOWS & SIDING, INC.

Principal Place of Business

Mailing Address

1225 HOOD RD.  
JACKSONVILLE FL 32257

4220 HOOD RD.  
JACKSONVILLE FL 32257-2000

2. Principal Place of Business

1718 EMERSON STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip  
32207

Country  
USA

3. Mailing Address

1718 EMERSON STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip  
32207

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3513337

Applied For

Not Applicable

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

BARNES, ROBERT M III  
~~1157 NESTING EAGLES LN~~  
JACKSONVILLE FL 32225

Name

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

1409 GREENRIDGE ROAD

City

JACKSONVILLE

FL

Zip Code  
32207

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 reinstating)

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 ☐ Delete  
NAME P  
STREET ADDRESS BARNES, ROBERT M III  
CITY-ST-ZIP ~~1157 NESTING EAGLES LN~~  
JACKSONVILLE FL 32225

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1409 GREENRIDGE AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)