

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006327

1. Entity Name

WINDSOR DOOR, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90035 032 \*\*\*150.00

Principal Place of Business

Mailing Address

100 MURPHY DRIVE  
MAUMELLE AR 72113  
US

P O BOX 8915  
LITTLE ROCK AR 72219-8915  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1188455

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

UNITED CORPORATE SERVICES INC  
9200 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI FL 33156

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 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	P	<input type="checkbox"/> Delete
NAME	BURNS, R HOWARD	
STREET ADDRESS	100 MURPHY DR	
CITY-ST-ZIP	MAUMELLE AR 72113	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAWYER, PHILLIP C	
STREET ADDRESS	100 MURPHY DR	
CITY-ST-ZIP	MAUMELLE, 72113	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CRONKHITE, GEORGE F	
STREET ADDRESS	100 MURPHY DR	
CITY-ST-ZIP	MAUMELLE AR 72113	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SOSSAMON, W BRUCE	
STREET ADDRESS	100 MURPHY DR	
CITY-ST-ZIP	MAUMELLE AR 72113	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	BLACKMON, CHARLES	
STREET ADDRESS	1150 STATE DOCKS RD	
CITY-ST-ZIP	EUFAULA AL 36027	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	SAVAGE, ANNE M	
STREET ADDRESS	1150 STATE DOCKS RD	
CITY-ST-ZIP	EUFAULA AL 36027	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-00

Date

501-570-9300

Daytime Phone #

CR2E034 (9/99)