

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004115

1. Entity Name

STANEK VINYL WINDOWS FLORIDA, CORP.

Principal Place of Business

Mailing Address

C/O MARK DAVIS
4582 WILLOW PARKWAY
CUYAHOGA HEIGHTS OH 44125

C/O MARK DAVIS
4582 WILLOW PARKWAY
CUYAHOGA HEIGHTS OH 44125

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

59-3590336

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

PATRICK, KENNETH
11721 US HIGHWAY 19 NORTH
CLEARWATER FL 34624

Name

BILL HOLZ JR

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

11721 US HIGHWAY 19 NORTH

City

CLEARWATER

FL

Zip Code

34624

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:

Thomas B Wientlan cfo

1/11/00

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DVT DONATELLI, JERRY R 4582 WILLOW PARKWAY CUYAHOGA HEIGHTS OH 44125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, MARK 4582 WILLOW PARKWAY CUYAHOGA HEIGHTS OH 44125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIENCLAN, THOMAS B 4582 WILLOW PARKWAY CUYAHOGA HEIGHTS OH 44125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANEK, RONALD 4582 WILLOW PARKWAY CUYAHOGA HEIGHTS OH 44125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAN SCHOONHAVEN, ROBERT 4582 WILLOW PARKWAY CUYAHOGA HEIGHTS OH 44125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS B WIENCLAN (MISPELLED)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1/11/00

Date

216 341-7700

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)