FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90224 025 ***150.00

2008 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H85977

1. Entity Name
WINDOW DOCTOR, INC.

DO NOT WRITE IN THIS SPACE

40095776

2. Principal Place of Business	3. Mailing Address
1133 OLD DIXIE HWY SUITE 7	1133 OLD DIXIE HWY SUITE 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE PARK FL	City & State: LAKE PARK FL
Zip: 33403 / Country	Zip: 33403 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 592597762 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: JABLONSKI, JOANNE
Street Address (P.O. Box Number is Not Acceptable): 220 LAKESHORE DR. #2
City: LAKE PARK FL Zip Code: 33403

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 _____ 4/30/2008
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
PRESIDENT JABLONSKI, JOANNE 220 LAKESHORE DR. #2 LAKE PARK, FL 33403	
SECRETARY HOFFMAN, ROBERT, D. 113 OLD DIXIE HWY. WEST PALM BEACH, FL 33403	
2ND VICE PRESIDENT JABLONSKI, WILLIAM, J. 220 LAKESHORE DR. #2 WEST PALM BEACH, FL 33403	DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/30/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1