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	PRESIDENT	TITLE	
NAME	JABLONSKI, JOANNE	NAME	
STREET ADDRESS	220 LAKESHORE DR. #2	STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK, FL 33403	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	HOFFMAN, ROBERT, D.	NAME	
STREET ADDRESS	113 OLD DIXIE HWY.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33403	CITY-ST-ZIP	
TITLE	2WD VICE PRESIDENT	TITLE	
NAME	JABLONSKI, WILLIAM, J.	NAME	
STREET ADDRESS	220 LAKESHORE DR. #2	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33403	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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