

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J01096

1. Entity Name

DIVERSIFIED WINDOW & DOOR, INC.

Principal Place of Business

Mailing Address

HWY. 93 SOUTH  
PO BOX 769  
CAIRO GA 31728

HWY. 93 SOUTH  
PO BOX 769  
CAIRO GA 31728-0769

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, J. RICHARD  
4400 PGA BLVD., SUITE #900  
PALM BEACH GARDENS FL 33410

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

P  
JORDAN, FRANK J.  
1615 VADA RD  
BAINBRIDGE GA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

V  
KING, ELIZABETH J.  
1407 OAK DRIVE  
BAINBRIDGE GA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

ST  
BOWEN, JAMES D  
158 RIDGE RUN  
CAIRO GA 31728

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

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☐ Change ☐ Addition

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

Elizabeth J. King, V.P. 3/17/00

Date

Daytime Phone #

912-377-8866

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90027 045 \*\*\*158.75

024300



DO NOT WRITE IN THIS SPACE