

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90515 026 \*\*\*150.00

**DOCUMENT # K85394**

1. Entity Name  
**INTERNATIONAL WOOD SHUTTERS, INC.**



Principal Place of Business  
**14103 MCCORMICK DR.  
TAMPA FL 33626**

Mailing Address  
**14103 MCCORMICK DR.  
TAMPA FL 33626**

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 **59-2951951**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CONFORTI, ROSE ANN  
14103 MCCORMICK DRIVE  
TAMPA FL 33626**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CONFORTI, ROSE ANN</b>	
STREET ADDRESS	<b>224 MIDWAY ISLAND</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CONFORTI, MICHAEL J.</b>	
STREET ADDRESS	<b>224 MIDWAY ISLAND</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CONFORTI, SCOTT</b>	
STREET ADDRESS	<b>7033 FALL BROOK COURT</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34855</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CONFORTI, STEVEN</b>	
STREET ADDRESS	<b>4022 EXECUTIVE DR.</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>CONFORTI, MICHAEL</b>	
STREET ADDRESS	<b>1137 HAGEN DRIVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	
TITLE		<input type="checkbox"/> Delete
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5148 JEWELL TERRACE</b>	
CITY-ST-ZIP	<b>PALM HARBOR, FL. 34685</b>	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Rose Ann Conforti*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/4/03 813-855-7273**  
Date Daytime Phone #

CR2E034 (10/02)