

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) AMEND

10-02-2002 90118 020 \*\*\*70.00  
K98285

02 OCT -7 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K98285

1. Entity Name

PERFECT FLOORS & WINDOWS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1443 N.W. 129 Terr.

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

S

DO NOT WRITE IN THIS SPACE

City & State

Sunrise, FL.

City & State

same

4. FEI Number

65-0152053

Applied For

Not Applicable

Zip

Country

33323

USA

Zip

same

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

SUSAN HENRY

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

1443 N.W. 129 Terr

City

Sunrise

FL

Zip Code

33323

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)

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  
Pres./VP/Sec.  
Susan Henry  
1443 N.W. 129 Terr  
Sunrise, FL. 33323

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treas.  
Joseph Krup  
1443 N.W. 129 Terr.  
Sunrise, FL. 33323

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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: Susan Henry Susan Henry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-02

Date

954-838-0220

Daytime Phone #

CR2E034B (12/01)