

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90355 045 ***150.00

DOCUMENT # L 95502

1. Entity Name

ALL CUSTOM WINDOWS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1300 SW 10th ST.

Suite, Apt. #, etc.

5

City & State

DELRAY BCH, FL

Zip

33444

Country

US

3. Mailing Address

1300 SW 10th ST.

Suite, Apt. #, etc.

5

City & State

DELRAY FL

Zip

FL

Country

US

11036955

DO NOT WRITE IN THIS SPACE

4. FEI Number

15-0214824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

BOULWARE, LAWRENCE
1810 SAN JUAN DR #10
DELRAY FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Lawrence Boulware
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03
Date

561 276-1090
Daytime Phone #

CR2E034B (12/01)