

# 2001- UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000

1. Entity Name

I.D.U. WINDOWS, INC.

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90002 049 \*\*\*158.75

Principal Place of Business

6202 54 AVE N  
ST. PETERSBURG FL 33709  
US

Mailing Address

6202 54 AVE N  
ST. PETERSBURG FL 33709  
US

642626



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6681 46 Ave N.

3. Mailing Address

6681 46 Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

St. Petersburg FL

4. FEI Number 59-3028861

Applied For

Not Applicable

Zip

33709

Country

USA

Zip

33709

Country

USA

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIBENEDETTO, SALVATORE  
6202 54 AVE N  
ST. PETERSBURG FL 33709

Name

Sal DiBenedetto

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

6681 46 Ave N.

City

St. Petersburg

FL

Zip Code

33709

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, 2001 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 ☐ Delete  
NAME DPT  
STREET ADDRESS DIBENEDETTO, SALVATORE  
CITY-ST-ZIP 6202 54 AVE N  
ST. PETERSBURG FL 33709

TITLE ☒ Change ☐ Addition  
NAME 6681 46 Ave N.  
STREET ADDRESS St. Petersburg FL 33709  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME S  
STREET ADDRESS DIBENEDETTO, CHERYL  
CITY-ST-ZIP 6202 54 AVE N  
ST. PETERSBURG FL 33709

TITLE ☒ Change ☐ Addition  
NAME 6681 46 Ave N.  
STREET ADDRESS St. Petersburg FL 33709  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

Date

Daytime Phone #

2-2801 727-544-6499

CR2E034 (10/00)