

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95896

1. Entity Name

RELIABLE DOOR & WINDOW CO., INC.

Principal Place of Business

1785 LAKESIDE AVE.
ST. AUGUSTINE FL 32086
US

Mailing Address

1785 LAKESIDE AVE.
ST. AUGUSTINE FL 32086
US

2. Principal Place of Business

1785 Lakeside Ave

Suite, Apt. #, etc.

3. Mailing Address

1785 Lakeside Ave.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32084

Country

USA

Zip

32084

Country

USA

4. FEI Number 59-2904099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROSBY, QUILLIAN D.
1785 LAKESIDE AVE.
ST. AUGUSTINE FL 32086

7. Name and Address of ~~Former~~ Registered Agent

Name

Quillian D. Crosby

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

100 Manier Way

City

St. Augustine

FL

Zip Code

32086

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

Quillian D. Crosby

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/01

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

TITLE PD ☐ Delete
NAME CROSBY, QUILLIAN D.
STREET ADDRESS 1785 LAKESIDE AVENUE
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

Quillian D. Crosby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/5/01

Daytime Phone #

904-824-7115



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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