

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90035 004 ***150.00

DOCUMENT # P00000016336

1. Entity Name

WINDOW WORKS & DESIGN, INC.

Principal Place of Business
**503 B MARY ESTHER CUT-OFF
 FT. WALTON BEACH FL 32547**

Mailing Address
**503 B MARY ESTHER CUT-OFF
 FT. WALTON BEACH FL 32547**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. Fee Number
593631267

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**OSBORNE, ANITA J.K.
 349 KEPNER DR.
 FT. WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

Name **Christine B Taylor**
 Street Address (P.O. Box Number is Not Acceptable)
**12213 W HWY 90
 Holiday Plaza #103**
 City **Destin** FL **32550**

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

C. Taylor

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

(NOTE: Registered Agent signature required when reinstating)

1-05-01

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	P	<input type="checkbox"/> Delete
NAME	TAYLOR, MICHAEL	
STREET ADDRESS	374 S. SHORE DR.	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAYLOR, CHRISTINE	
STREET ADDRESS	374 S. SHORE DR.	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ZIP- 32550	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ZIP 32550	
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

C. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-05-01

Date

Daytime Phone #

CR2E034 (10/00)