

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90289 040 ***150.00

DOCUMENT # P00000020211

1. Entity Name

EURO WINDOW, INC.

Principal Place of Business

**1510 SE 20TH COURT
CAPE CORAL FL 33990**

Mailing Address

**1510 SE 20TH COURT
CAPE CORAL FL 33990**

2. Principal Place of Business

**3806 HIDDEN ACRES CAL
Suite, Apt. #, etc.**

3. Mailing Address

**3315 DAWSONVILLE HWY
Suite, Apt. #, etc.**

City & State

NORTH FORT MYERS, FL

City & State

GAINESVILLE, GA

Zip

33903

Country

U.S.A.

Zip

30506

Country

U.S.A

4. FEI Number

65-0985974

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAHLER-KOCH, MANUELA
3806 HIDDEN ACRE CIRCLE
NORTH FORT MYERS FL 33903**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BERND WOLF**
CITY-ST-ZIP **3315 DAWSONVILLE HWY**
GAINESVILLE, GA 30506

TITLE ☐ Delete
NAME **V.P. S**
STREET ADDRESS **CHRISTEL MAHLER-WOLF**
CITY-ST-ZIP **3315 DAWSONVILLE HWY**
GAINESVILLE, GA 30506

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
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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:

Christel Mahler-Wolf **CHRISTEL MAHLER-WOLF**

Jan 25-01

Date

706 864-6969

Daytime Phone #

CR2E034 (10/00)