

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90039 013 \*\*\*150.00

01/20/02 AV

**DOCUMENT # P00000028813**

1. Entity Name

**THE WINDOW PRO'S OF FLORIDA, INC.**

Principal Place of Business

**7081 GRAND NATIONAL DR.  
 SUITE 101  
 ORLANDO FL 32819**

Mailing Address

**7081 GRAND NATIONAL DR.  
 SUITE 101  
 ORLANDO FL 32819**

2. Principal Place of Business

**7081 Grand National Dr.**

3. Mailing Address

**7081 Grand National Dr.**

Suite, Apt. #, etc.

**Suite 101**

Suite, Apt. #, etc.

**Suite 101**

City & State

**Orlando FL**

City & State

**Orlando FL**

Zip

**32819**

Country

**USA**

Zip

**32819**

Country

**USA**

4. FEI Number

**59-3636727**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 UNITED STATES CORPORATION COMPANY  
 1201 HAYES ST.  
 TALLAHASSEE FL 32301-2525**

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, 2002 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 **D** ☐ Delete  
 NAME **MASON, MICHAEL**  
 STREET ADDRESS **9600 MONROE RD**  
 CITY-ST-ZIP **CHARLOTTE NC 28207**

TITLE **D** ☐ Delete  
 NAME **FANELLI, GARY**  
 STREET ADDRESS **3032 RIDGE VIEW DR.**  
 CITY-ST-ZIP **ORWIGSBURG PA 17961**

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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 STREET ADDRESS  
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/13/02**

CR2E034 (9/01)