

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000057170**1. Entity Name
WINDOWS BY DESIGN, ETC., INC.Principal Place of Business
317 WHITE HERON DRIVE

SANTA ROSA BEACH FL 32459Mailing Address
317 WHITE HERON DRIVE

SANTA ROSA BEACH FL 324592. Principal Place of Business
4507 FURLING LANE3. Mailing Address
4507 FURLING LANESuite, Apt. #, etc.
115Suite, Apt. #, etc.
115City & State
DESTIN FLCity & State
DESTIN FLZip
32541Zip
325414. FEI Number
59-3653072Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentS. LEE BROWN HALL
317 WHITE HERON DRIVE

SANTA ROSA BEACH FL 32459**7. Name and Address of New Registered Agent**Name
HALL SHERILYN L HALL
Street Address (P.O. Box Number is Not Acceptable)
4507 FURLING LANE
115
City
DESTIN FL Zip Code
32541

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 **S. LEE BROWN HALL****05/01/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	G. RUSSELL HALL	
STREET ADDRESS	317 WHITE HERON DRIVE	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL BRANDON	
STREET ADDRESS	317 WHITE HERON DRIVE	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	D	<input type="checkbox"/> Delete
NAME	S. LEE BROWN HALL	
STREET ADDRESS	317 WHITE HERON DRIVE	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL GAYLEN R		
STREET ADDRESS	290 TEQUESTA DRIVE		
CITY-ST-ZIP	DESTIN FL 32541		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL BRANDON		
STREET ADDRESS	392 SOUTH SHORE DRIVE		
CITY-ST-ZIP	DESTIN FL 32550		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL SHERILYN L		
STREET ADDRESS	290 TEQUESTA DRIVE		
CITY-ST-ZIP	DESTIN FL 32541		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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: S. LEE BROWN HALL**PRES 05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)