

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90004 031 ***150.00

DOCUMENT # P00000058618

1. Entity Name

WINDOW DOCTOR SPECIALISTS, INC.

Principal Place of Business

**2654 S.W. WESTLAKE CIRCLE
 PALM CITY FL 34990**

Mailing Address

**P.O. BOX 918
 PALM CITY FL 34991**

2. Principal Place of Business

☒ Mailing Address

7399 S.E. Flamingo Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Hobe Sound, FL 33455

Zip

Country

Zip

Country

33455

Martin

4. FEI Number

65-1015220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEGEL, MARSHA J

**12800 MALLARD CREEK DR.
 PALM BEACH GARDENS FL 33418**

Name
KEGEL, MARSHA J

Street Address (P.O. Box Number is Not Acceptable)
7399 SE FLAMINGO WAY

City
HOBE SOUND

FL

Zip Code
33455

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PS ☐ Delete
 NAME KEGEL, MARSHA J
 STREET ADDRESS 2654 S.W. WESTLAKE CIRCLE
 CITY-ST-ZIP PALM CITY FL 34990

TITLE V ☐ Delete
 NAME KEGEL, KERRY J
 STREET ADDRESS 2654 S.W. WESTLAKE CIRCLE
 CITY-ST-ZIP PALM CITY FL 34990

TITLE T ☐ Delete
 NAME JABLONSKI, WILLIAM
 STREET ADDRESS 2654 S.W. WESTLAKE CIRCLE
 CITY-ST-ZIP PALM CITY FL 34990

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 PS ☒ Change ☐ Addition
 NAME KEGEL, MARSHA J
 STREET ADDRESS 7399 SE FLAMINGO WAY
 CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE V ☒ Change ☐ Addition
 NAME KERRY J
 STREET ADDRESS 7399 SE FLAMINGO WAY
 CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE T ☒ Change ☐ Addition
 NAME JABLONSKI, WILLIAM
 STREET ADDRESS 7399 SE FLAMINGO WAY
 CITY-ST-ZIP HOBE SOUND, FL 33455

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

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: x [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-01

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
P00000058618 A059270

WINDOW DOCTOR SPECIALISTS, INC.

7399 SE FLAMINGO WAY, HOBE SOUND, FLORIDA 33455

OFFICE: 1-561-781-6402

July 16, 2001

ATTENTION: FLORIDA DEPARTMENT OF STATE DIVISION OF
CORPERATION

DEPARTMENT : UBR

DOCT# P00000058618

TO WHOME IT MAY COMCERN,

I DID NOT RECIEVE 1ST NOTICE. I MOVED OCT 16, 2000 AND MY ADDRESS CHANGED, I
GAVE THE POST OFFICE AN ADDRESS CHANGE AND I HAVE HAD THIS PROBLEM FOR
QUITE SOMETIME NOW. THEREFOR I AM ASKING FOR THIS TO BE TAKEN INTO
CONCIDITERATION.

INCLOSED IS A CHECK IN THE AMOUNT OF \$ 150.00
CK# 01409

RESPECTFULLY YOURS

WINDOW DOCTOR SPECIALISTS, INC.

MARSHA KEGEL



CC: HAROLD LIGHTMAN

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