FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State
05-05-2003 91762 034 ***150.00

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DOCUMENT # P00000058618

1. Entity Name

WINDOW DOCTOR SPECIALISTS INC (L)

55047113

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7399 SE FLAMINGO WAY	7399 SE FLAMINGO WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOBE SOUND FL	City & State: HOBE SOUND FL
Zip: 33455-	Country
Zip: 33455	Country

4. FEI Number: 65-1015220 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARSHA KEGEL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4/25/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	KEGEL, MARSHA J
STREET ADDRESS	7399 SE FLAMINGO WAY
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	V
NAME	KEGEL, KERRY J
STREET ADDRESS	7399 SE FLAMINGO WAY
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	T
NAME	JABLONSKI, WILLIAM
STREET ADDRESS	7399 SE FLAMINGO WAY
CITY-ST-ZIP	HOBE SOUND FL 33455
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #