

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90047 009 \*\*\*150.00

**DOCUMENT # P00000066062**

1. Entity Name

**EMPIRE WINDOW INC.**

Principal Place of Business

**1200 SARATOGA LANE  
 GENEVA FL 32732-9492**

Mailing Address

**1200 SARATOGA LANE  
 GENEVA FL 32732-9492**

2. Principal Place of Business

**1711 Hanger Road**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 471025**

Suite, Apt. #, etc.

City & State

**SANFORD, FL**

City & State

**LAKE MONROE FL**

Zip

**32773**

Country

**USA**

Zip

**32747-1025**

Country

**USA**

4. FEI Number

**59-3657851**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BRADEN, KIP  
 1200 SARATOGA LANE  
 GENEVA FL 32732-9492**

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 **D** ☐ Delete  
 NAME **BRADEN, KIP**  
 STREET ADDRESS **1200 SARATOGA LANE**  
 CITY-ST-ZIP **GENEVA FL 32732-9492**

TITLE **S** ☐ Delete  
 NAME **Cindy Braden**  
 STREET ADDRESS **1200 Saratoga Lane**  
 CITY-ST-ZIP **Geneva FL 32732-9492**

TITLE **T** ☐ Delete  
 NAME **PATRICIA DUNN**  
 STREET ADDRESS **140 MARSCULA RD**  
 CITY-ST-ZIP **DeBary FL 32713**

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  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:**

*Patricia Dunn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-3-01**

Date

**407-323 5900**

Daytime Phone #

CR2E034 (10/00)

0475517