

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # P00000066062

1. Entity Name  
**EMPIRE WINDOW INC.**

*AMENDED*



03 SEP 10 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1210 E 29TH STREET  
SANFORD, FL 32773

Mailing Address  
P O BOX 471025  
LAKE MONROE, FL 32747-1025

*[Handwritten initials]*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**2003 AMENDED**

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

7. Name and Address of New Registered Agent

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

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Change ☐ Addition  
**300028521903**  
**10/02/03--01081--029 \*\*61.25**

TITLE **PS** ☐ Delete  
NAME **BRADEN, CINDY**  
STREET ADDRESS **1200 SARATOGA LANE**  
CITY-ST-ZIP **GENEVA, FL 32732-9492**

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/3/03**

**407-323-5900**

Date

Daytime Phone #

CR2E034 (10/02)