## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000081464

1. Entity Name

I DO WINDOWS INC.

FILED
Mar 07, 2001 8:00 am
Secretary of State
03-07-2001 90619 008 \*\*\*150.00

	e of Business	Mailing Address						
807 62ND ST. WEST BRADENTON FL 34209		807 62ND ST. WEST BRADENTON FL 34209				7263	00	
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2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address  Suite, Apt. #, etc.  City & State						
					DO NOT WRITE IN THIS SPACE			
				4.				oplied For of Applicable
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	\$	8.75 Addee Require	ditional d
	6. Name and Address of Current F	legistered Agent		7. 1	Name and Address of New	Registered A	gent	
DVED	RS, ROBERT V		Name	-	A STATE OF THE PARTY OF THE PAR			
807 6	32ND ST. WEST DENTON FL 34209		Street Add	dress (P.O. E	Box Number is Not Acceptat	ole)		
			City			FL	Zip Cod	e
					. <del></del>		<u> </u>	
Ine above	named entity submits this statement for	tne purpose of changing its	s registered office or r	egistered ag	ent, or both, in the State of I	-londa.		
SIGNATURE _	Signature, typed or printed name of registered agent ar	distribution distribution (NCT)	TE: Registered Agent signature	ros fool han s	i a atotin - \	DATE		
		- <del></del>			anstaurg)	UATE		
<ol> <li>This corporation is eligible to satisfy its Intangible         Tax filing requirement and elects to do so.         (See criteria on back)</li></ol>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of S		n				
_		After MAY 1, 20	001 Fee will be \$55	0.00	10. Election Campaign F Trust Fund Contribut		<b>\$5.0</b> Added	May Be to Fees
_	ia on back)  OFFICERS AND E	After MAY 1, 20 Make Check Paya	001 Fee will be \$55	60.00 of State	1 ' -	ion. 🛮	Added	to Fees
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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:

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

(941) 298 3028

Daytime Phone #