

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91156 006 ***150.00

C0058689

DO NOT WRITE IN THIS SPACE

DOCUMENT # P000000 85028
 1. Entity Name - *Executive Window Tinting, Inc.* ✓

Principal Place of Business Mailing Address
3281 Lake Worth Road # F SAME
West Palm Beach, FL 33461

2. Principal Place of Business 3. Mailing Address
3277 Lake Worth Rd 3277 Lake Worth Rd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lake Worth FL Lake Worth FL
 Zip Country Zip Country
33461 USA 33461 USA

4. FEI Number Applied For
65-1041228 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Barnes, John G.
3281 Lake Worth Rd. # F
Lake Worth, FL 33461

7. Name and Address of New Registered Agent
 Name *John G. Barnes*
 Street Address (P.O. Box Number is Not Acceptable)
3277 Lake Worth Rd.
 City *Lake Worth* **FL** Zip Code *33461*

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]* DATE *4/20/01*
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>John G. Barnes</i> <i>5099 Canal Circle E.</i> <i>Lake Worth, FL 33467</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director / President</i> <i>Jeffrey S. Auletta</i> <i>739 Omar Rd.</i> <i>West Palm Beach, FL 33405</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* *John G. Barnes* DATE *4/20/01* DAYTIME PHONE # *561-969-6887*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)