

5/27

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

05-27-2002 90492 030 ***150.00

DOCUMENT # P00000102917

1. Entity Name

AIRCRAFT WINDOW RESTORATIONS, INC.

Principal Place of Business

Mailing Address

4003 NW 5TH DRIVE
DEERFIELD BEACH FL 33442
PO BOX 491554
FT. LAUDERDALE FL 33349

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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

ESPOSITO, THOMAS
4003 NW 5TH DRIVE
DEERFIELD BEACH FL 33442

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ESPOSITO, THOMAS
4003 NW 5TH DRIVE
DEERFIELD BEACH FL 33442
☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FLINN, JACK
3800 SOUTHERN BOULEVARD
WEST PALM BEACH FL 33408
☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change☐ Addition
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☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change☐ 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 duly empowered.

SIGNATURE:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

914 395 9629

Daytime Phone #

CR2ED034 (9/01)



Attachment
37935

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 4, 2002

AIRCRAFT WINDOW RESTORATIONS, INC.
PO BOX 491954
FT. LAUDERDALE, FL 33349

Subject: AIRCRAFT WINDOW RESTORATIONS, INC.

Reference Number: P00000102917

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RJ

ANNUAL REPORTS SECTION

Attachment P00000102917 37935

Form **SS-4**

Application for Employer Identification Number

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Aircraft Window Restoration Group, Inc		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name Thomas Esposito
	4a Mailing address (room, apt., suite no. and street, or P.O. box) P.O. Box 491954		5a Street address (if different) (Do not enter a P.O. box.) 4003 nw 5th Drive
	4b City, state, and ZIP code Ft. Lauderdale, Fl 33349		5b City, state, and ZIP code Deerfield Beach, Fl 33442
	6 County and state where principal business is located Broward, Fla		
	7a Name of principal officer, general partner, grantor, owner, or trustor Thomas Esposito		7b SSN, ITIN, or EIN 066-62-7120
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GFN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated Florida		Foreign country	
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) _____ <input type="checkbox"/> Compliance with IRS withholding regulations _____ <input checked="" type="checkbox"/> Other (specify) ▶ Div of Corp Req.			
10 Date business started or acquired (month, day, year) 01/01/02		11 Closing month of accounting year December	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) 01/15/03			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0-". 02		Agricultural	Household
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) repair service <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. repair acrylic windows			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year): _____ City and state where filed: _____ Previous EIN: _____

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **Thomas Esposito / President**

Signature ▶  Date ▶ **7/03/02**

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12 2001)