

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91187 017 \*\*\*150.00

**DOCUMENT # P00000105255**

**1. Entity Name**  
**A & P CUSTOM WINDOW MANUFACTURING INC.**



**Principal Place of Business**  
1390A HAMMONDVILLE RD  
POMPANO BEACH FL 33069

**Mailing Address**  
1390A HAMMONDVILLE RD  
POMPANO BEACH FL 33069



**2. Principal Place of Business**

1673 S.W. 1<sup>ST</sup> WAY  
Suite, Apt. #, etc.  
6

**3. Mailing Address**

1673 S.W. 1<sup>ST</sup> WAY  
Suite, Apt. #, etc.  
6

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
DEERFIELD BEACH, FL

**City & State**  
DEERFIELD BEACH, FL

**4. FEI Number** 65-1053046

**Applied For**  
Not Applicable

**Zip** 33441  
**Country** USA

**Zip** 33441  
**Country** USA

**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**

PRATT, GEORGE  
800 NW 12 TERRACE  
POMPANO BEACH FL 33069

**Name** CHRISTOPHER AUSTIN

**Street Address (P.O. Box Number is Not Acceptable)**

1673 S.W. 1<sup>ST</sup> WAY, #6

**City** DEERFIELD BEACH, FL **Zip Code** 33441

**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** CHRISTOPHER T. AUSTIN

*Chris Austin*

4-16-03

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**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	PD	<input type="checkbox"/> Delete
<b>NAME</b>	AUSTIN, CHRISTOPHER T	
<b>STREET ADDRESS</b>	1390A HAMMONDVILLE ROAD	
<b>CITY-ST-ZIP</b>	POMPANO BEACH FL 33069	
<b>TITLE</b>	SD	<input type="checkbox"/> Delete
<b>NAME</b>	HARRIS, MALISSA	
<b>STREET ADDRESS</b>	1390A HAMMONDVILLE ROAD	
<b>CITY-ST-ZIP</b>	POMPANO BEACH FL 33069	
<b>TITLE</b>	VD	<input type="checkbox"/> Delete
<b>NAME</b>	PRATT, GEORGE	
<b>STREET ADDRESS</b>	1390A HAMMONDVILLE ROAD	
<b>CITY-ST-ZIP</b>	POMPANO BEACH FL 33069	
<b>TITLE</b>	MD	<input type="checkbox"/> Delete
<b>NAME</b>	RODRIGUEZ, TOMAS JR	
<b>STREET ADDRESS</b>	1390A HAMMONDVILLE ROAD	
<b>CITY-ST-ZIP</b>	POMPANO BEACH FL 33069	
<b>TITLE</b>	TD	<input type="checkbox"/> Delete
<b>NAME</b>	PRATT, DANIEL	
<b>STREET ADDRESS</b>	1390A HAMMONDVILLE ROAD	
<b>CITY-ST-ZIP</b>	POMPANO BEACH FL 33069	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	1673 S.W. 1 <sup>ST</sup> WAY, #6	
<b>CITY-ST-ZIP</b>	DEERFIELD BEACH, FL 33441	
<b>TITLE</b>	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	1673 S.W. 1 <sup>ST</sup> WAY, #6	
<b>CITY-ST-ZIP</b>	DEERFIELD BEACH, FL 33441	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	1673 S.W. 1 <sup>ST</sup> WAY, #6	
<b>CITY-ST-ZIP</b>	DEERFIELD BEACH, FL 33441	
<b>TITLE</b>	VICE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	1673 S.W. 1 <sup>ST</sup> WAY, #6	
<b>CITY-ST-ZIP</b>	DEERFIELD BEACH, FL 33441	
<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	1673 S.W. 1 <sup>ST</sup> WAY, #6	
<b>CITY-ST-ZIP</b>	DEERFIELD BEACH, FL 33441	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *CHRISTOPHER T. AUSTIN* **SIGNATURE REQUIRED** CHRISTOPHER T. AUSTIN (PRES) 4-16-03 (954) 571-8848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)