

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90129 021 \*\*\*150.00

**DOCUMENT # P00000109474**

**1. Entity Name**  
**BEST WINDOW FASHIONS, INC.**



**Principal Place of Business**

**6141-GRAND OAKS DR.**  
**WINTER HAVEN FL 33844**

**Mailing Address**

**6141-GRAND OAKS DR.**  
**WINTER HAVEN FL 33844**

**2. Principal Place of Business**

**3056 CYPRESS GARDENS ROAD**  
Suite, Apt. #, etc.

**3. Mailing Address**

**336 HIBLICK CIRCLE**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

**City & State**

**WINTER HAVEN FL**

**City & State**

**WINTER HAVEN FL**

**4. FEI Number**

**59-3693838**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HAMMER, GLENN E**

**6141-GRAND OAKS DR.**

**WINTER HAVEN FL 33844**

**7. Name and Address of New Registered Agent**

**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** **GLENN E. HAMMER PSD**  
Signature, typed or printed name of registered agent and title if applicable.

(Note: Registered Agent signature required when reinstating)

**3/15/03**  
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  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **PSD** ☐ Delete  
**NAME** **HAMMER, GLENN E**  
**STREET ADDRESS** **6141-GRAND OAKS DR.**  
**CITY-ST-ZIP** **WINTER HAVEN FL-33844**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** **PSD** ☒ Change ☐ Addition  
**NAME** **HAMMER, GLENN E.**  
**STREET ADDRESS** **336 HIBLICK CIRCLE**  
**CITY-ST-ZIP** **WINTER HAVEN, FL-33884**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

CR2E034 (10/02)

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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** **GLENN E. HAMMER PSD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/15/03**  
**412-7073**