

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90066 002 ***150.00

0514288 AV

DOCUMENT # P00000109867

1. Entity Name

ISLAND WINDOW DESIGN, INC.

Principal Place of Business

**1310 JEFFERSON DR
 ENGLEWOOD FL 34224**

Mailing Address

**1310 JEFFERSON DR
 ENGLEWOOD FL 34224**

2. Principal Place of Business

4880 PLACIDA RD UNIT C+D

3. Mailing Address

CHANGE TO SAME

Suite, Apt. #, etc.

C+D

Suite, Apt. #, etc.

City & State

ENGLEWOOD FL

City & State

↓

Zip

Country

Zip

Country

34224

USA

34224



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1058787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVID, CYNTHIA
 1310 JEFFERSON DR
 ENGLEWOOD FL 34224**

7. Name and Address of New Registered Agent

Name **Cynthia David**
 Street Address (P.O. Box Number is Not Acceptable) **4880 Placida Rd. Unit C+D**
Englewood, FL 34224
 City **Englewood, FL** Zip Code **34224**

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

TITLE **D** ☐ Delete
 NAME **DAVID, CYNTHIA**
 STREET ADDRESS **1310 JEFFERSON DR**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **D** ☐ Delete
 NAME **DAVID, ERIC**
 STREET ADDRESS **1310 JEFFERSON DR**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **4880 Placida Rd. Unit C+D**
 CITY-ST-ZIP **Englewood, FL 34224**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-02 941-828-0000
 Date Daytime Phone #

CR2E034 (9/01)