

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-26-2002 90066 002 ***150.00

0514298 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.

DO NOT WRITE IN THIS SPACE

City & State
ENGLEWOOD FL

City & State
↓

4. FEI Number
65-1058787

Applied For
 Not Applicable

Zip
34224

Country
USA

Zip
↓

Country

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

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

Name
Cynthia David

Street Address (P.O. Box Number is Not Acceptable)
4880 Placida Rd. Unit C+D

Englewood, FL 34224

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 _____ (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	D DAVID, CYNTHIA 1310 JEFFERSON DR ENGLEWOOD FL 34224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID, ERIC 1310 JEFFERSON DR ENGLEWOOD FL 34224	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4880 Placida Rd. Unit C+D Englewood, FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4880 Placida Rd. Unit C+D Englewood, FL 34224	<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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (9/01)