

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90120 016 \*\*\*158.75

**DOCUMENT # P00000117676**

1. Entity Name  
**CERTIFIED WINDOWS & DOORS, INC.**



Principal Place of Business  
**312 SW 13TH AVE  
POMPANO BEACH FL 33069**

Mailing Address  
**5921 NW 41 TERR  
FORT LAUDERDALE FL 33319**

2. Principal Place of Business

3. Mailing Address  
**2279 NW 75 AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Fort Lauderdale, FL**

Zip

Country

Zip

Country

**33063**

4. FEI Number **65-1064530**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**HERMAN, BRUCE  
5921 N.W. 41 TERRACE  
FT. LAUDERDALE FL 33319**

## 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

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  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KELDERHOUSE, L. JAMES</b>	
STREET ADDRESS	<b>5921 N.W. 41 TERRACE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33319</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>KELDERHOUSE, SUZANNE J</b>	
STREET ADDRESS	<b>5921 N.W. 41 TERRACE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33319</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: L. JAMES KELDERHOUSE** **1-7-03 954-181-1260**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)