

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000005819

1. Entity Name

FLESHER WINDOWS, INC.

Principal Place of Business

6200 METRO PLEX DRIVE
FT MYERS FL 33912

Mailing Address

6200 METRO PLEX DRIVE
FT MYERS FL 33912

2. Principal Place of Business

511 Leonard Blvd., N.
Suite, Apt. #, etc.

3. Mailing Address

511 Leonard Blvd., N.
Suite, Apt. #, etc.

City & State

Lehigh Acres, FL
Zip Country

City & State

Lehigh Acres, FL
Zip Country

4. FEI Number

59-3697676

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLESHER, JAMES

6200 METRO PLEX DRIVE
FT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

Robert E. Bone, Jr.

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

3804 S. Del Prado Blvd.

Suite # 209

City

Cape Coral

FL

Zip Code

33904

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

Robert E. Bone, Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-02

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 P
NAME FLESHER, JAMES
STREET ADDRESS 6200 METRO PLEX DRIVE
CITY-ST-ZIP FT MYERS FL 33912

TITLE ST
NAME FLESHER, TRACY A
STREET ADDRESS 6200 METRO PLEX DRIVE
CITY-ST-ZIP FT MYERS FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME James J. Fleisher
STREET ADDRESS 2415 SW 43rd St.
CITY-ST-ZIP Cape Coral, FL 33914

TITLE Secretary, Treasurer
NAME T. Amber Fleisher
STREET ADDRESS 2415 SW 43rd St.
CITY-ST-ZIP Cape Coral, FL 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
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 and typed or printed name of signing officer or director

Date

Daytime Phone #

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-27-2002 90409 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2002 (9/01)