

4/3/02

FILED
May 21, 2002 8:00 am
Secretary of State

04-03-2002 90494 020 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000006536**

Entity Name

EFFICIENT GLASS AND SCREEN, INC.

Principal Place of Business

910 WILES ROAD
 CORAL SPRINGS FL 33076

Mailing Address

10910 WILES ROAD
 CORAL SPRINGS FL 33076

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0401483

Applied For

Not Applicable

Zip

Country

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**

ZELKE, CATHERINE
 10910 WILES ROAD
 CORAL SPRINGS FL 33076

Name

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

City

FL

Zip Code

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	<input type="checkbox"/> Delete
NAME	ZELKE, CATHERINE	
STREET ADDRESS	3720 CORAL HILLS DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZELKE, DARYLL	
STREET ADDRESS	3720 CORAL HILLS DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		
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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

CATHERINE ZELKE *Catherine Zelke*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-02 954 341-1068

Daytime Phone #

CR2034 (9/01)