FILED
Mar 21, 2003 8:00 am
Secretary of State
03-21-2003 90108 042 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000036250

1. Entity Name
M AND S WINDOWS, INC.

10043458

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11481 INTERCHANGE CIRCLE SOUTH	11481 INTERCHANGE CIRCLE SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR, FLORIDA	City & State: MIRAMAR, FLORIDA
Zip: 33025 Country: USA	Zip: 33025 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1093595 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name GREGG W. SPARKS
Street Address (P.O. Box Number is Not Acceptable)
11481 INTERCHANGE CIRCLE SOUTH
City MIRAMAR FL Zip Code 33025

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DPST	TITLE	
NAME	GREGG W. SPARKS	NAME	
STREET ADDRESS	11481 INTERCHANGE CIRCLE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FLORIDA 33025	CITY-ST-ZIP	
TITLE	DEVP	TITLE	
NAME	WILFREDO L. PINO	NAME	
STREET ADDRESS	11481 INTERCHANGE CIRCLE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FLORIDA 33025	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: W. Gregg Sparks President — 2/3/03 — 954 499-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: W. GREGG SPARKS, PRESIDENT — Date — Daytime Phone #