

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90055 001 ***158.75

DOCUMENT # **PO1000037035** ✓

1. Entity Name

Advanced Window Concepts Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

616 Cypress Ave

Suite, Apt. #, etc.

3. Mailing Address

616 Cypress Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Venice, FL

City & State

Venice, FL

4. FEI Number

651094587

Applied For

Not Applicable

Zip

34292

Country

USA

Zip

34292

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

STEVEN L BAKER

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

701 BARCELONA #105

City

Venice, FL

FL

Zip Code

34285

**DO NOT WRITE
IN THIS SPACE**

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

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	President Director
NAME	STEVEN L BAKER
STREET ADDRESS	701 BARCELONA 105
CITY - ST - ZIP	Venice, FL 34285
TITLE	Director
NAME	ERNE M ROMANSKI
STREET ADDRESS	1694 TAMMAM TRL
CITY - ST - ZIP	Venice, FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN L. BAKER

Date

04/29/02

Daytime Phone #

(941)

480-1568

CR2E034B (12/01)