

2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90021 036 ***150.00

| | |
|--------------------------------|--|
| DOCUMENT # P01000041717 | |
| 1. Entity Name | |
| SCOTTS WINDOW REPAIR, INC | |

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24049065

| | | | |
|---------------------------------------|----------------|---------------------------|----------------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| 405 8TH AVENUE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| LEHIGH ACRES, FL | | | |
| Zip | Country | Zip | Country |
| 33972 | LEE | | |

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| | | | |
|---|--|--------------------|--|
| 4. FEI Number | | Applied For | |
| 65-1102869 | | Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

| | |
|---|-----------------|
| Name | |
| HANSEN, SCOTT R. | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 405 8TH AVE | |
| City | Zip Code |
| LEHIGH ACRES | 33972 |

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

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

| 10. OFFICERS AND DIRECTORS | | 11. | |
|----------------------------|-----------------------|-----------------------|--|
| TITLE | DPT | TITLE | |
| NAME | HANSEN, SCOTT R | NAME | |
| STREET ADDRESS | 405 8TH AVE | STREET ADDRESS | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33972 | CITY-ST-ZIP | |
| TITLE | DVS | TITLE | |
| NAME | HANSEN, SHARON E | NAME | |
| STREET ADDRESS | 405 8TH AVE | STREET ADDRESS | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33972 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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IN THIS SPACE**

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: SCOTT R. HANSEN, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

239-369-7769

Daytime Phone #