## FILED Sep 15, 2002 8:00 am Secretary of State 09-15-2002 90093 042 \*\*\*550.00

Principal Place of Business		Mailing Address		-			
5811 N.E. 22 AVENUE FORT LAUDERDALE FL 33308		5811 N.E. 22 AVENUE FORT LAUDERDALE FL 33308					
2. Principal Place of Business		3. Mailing Address		# 10E/16F1 1/1 0E/F1 1/E/1/ BE/1/ 9E	ili balik <b>sa</b> ki <b>sia</b> i		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number (05-1117240	65-1117240		oplied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	□ \$	8.75 Add	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New F			
			Name				
RIEDEL, MELINDA B 5811 N.E. 22 AVENUE		Street Addres		s (P.O. Box Number is Not Acceptable)			
1	. 22 AVENUE UDERDALE FL 33308		<u> </u>				
			City		FL	Zip Code	e
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or regi	stered agent, or both, in the State of Flo	orida. I am fan	niliar with,	and accept
	c c c c c c c.						
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE:	Registered Agent signature req	uired when reinstating)	DATE		<del></del>
9This.corp.	oration is eligible to satisfy its Intangible	FILE NOW!!!	-FEE:IS:\$550.00-				
Tax filing (See crite	requirement and elects to do so.	After September 13, Make Check Payable	2002 Fee will be \$7 e to Department of \$	State Trust Fund Contributio	nancing n. []	Added	O May Be to Fees
Tax filing (See crite	requirement and elects to do so. ria on back)  OFFICERS AND D	After September 13, Make Check Payable DIRECTORS	2002 Fee will be \$7 e to Department of \$	50.00 Trust Fund Contribution	nancing n. []	Added	I to Fees
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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 attaction of the corporation of the

2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#** 

SOUTH FLORIDA WINDOWS & MORE, INC.

1. Entity Name

P01000047229