

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000070505

1. Entity Name

MID FLORIDA WINDOW & DOOR, INC.



**FILED**  
**Jun 04, 2003 8:00 am**  
**Secretary of State**

06-04-2003 90100 037 \*\*\*550.00

0098626  
AV

Principal Place of Business

305 DANE LANE

SUITE 117

LONGWOOD FL 32750

Mailing Address

PO BOX 947532

MAITLAND FL 32794-7532

2. Principal Place of Business

3. Mailing Address

P.O. Box 521189

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Longwood, FL

4. FEI Number

59-3711170

Applied For

Not Applicable

Zip

Country

Zip

Country

32752-1189

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOON, WALTER R

200 NORTH PRIMROSE DRIVE

ORLANDO FL 32803

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT  
NAME SCHOON, RANDAL D  
STREET ADDRESS 103 SANDPINE CIRCLE  
CITY-ST-ZIP SANFORD FL 32773

TITLE VPS  
NAME LEUSEN, PATRICIA A  
STREET ADDRESS 340 SANDPUR ROAD  
CITY-ST-ZIP MAITLAND FL 3251

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Randal D Schoon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-03

407-644-4796

Date

Daytime Phone #

CR2E034 (10/02)