

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90170 031 ***150.00

DOCUMENT # P01000117445



1. Entity Name
PERMA GARD WINDOW PROTECTION, INC.

Principal Place of Business
**100 SOUTH FEDERAL HWY
POMPANO BEACH FL 33062**

Mailing Address
**100 SOUTH FEDERAL HWY
POMPANO BEACH FL 33062**

2. Principal Place of Business
3455 NE 12th Terr

3. Mailing Address
3455 NE 12th Terr

Suite, Apt. #, etc.
14

Suite, Apt. #, etc.
14

City & State
OAKLAND PARK, FL

City & State
OAKLAND PARK, FL

Zip
33334

Country
Broward

Zip
33334

Country
Broward



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1158523**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLACKE, LAWRENCE E
3326 NE 33RD STREET
FT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

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

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALEXANDER, JIM	
STREET ADDRESS	3100 NE 48TH STREET #415	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ROBSEN, THOMAS	
STREET ADDRESS	5333 SE MILES GRANT RD APT I-102	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Signature of President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-03
Date

954-946-9007
Daytime Phone #

CR2E034 (10/02)