

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90088 019 ***150.00

0014487 AI

DOCUMENT # P01000120864

1. Entity Name
VAVRA WINDOWS, DOORS & MORE, INC.

Principal Place of Business **Mailing Address**
 5329 WOODVALE DRIVE 5329 WOODVALE DRIVE
 SARASOTA FL 34232 SARASOTA FL 34232

360632



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 5400 S. TAMiami TRAIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE I	
City & State		City & State Sarasota FL	
Zip	Country	Zip	Country
34231	USA	34231	USA
4. FEI Number 10-0000007		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASTRONSKAS, CATHERINE CPA PA
 5900 S. TAMiami TRAIL SUITE I
 SARASOTA FL 34231

Name
 CATHERINE L. ASTRONSKAS
Street Address (P.O. Box Number is Not Acceptable)
 5900 S. TAMiami TRAIL
City Sarasota **FL** **Zip Code** 34231

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 *Catherine L. Astronskas* **DATE** 4-25-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME VAVRA, DANIEL W II STREET ADDRESS 5329 WOODVALE DRIVE CITY-ST-ZIP SARASOTA FL 34232	<input type="checkbox"/> Delete	TITLE DIP/ST NAME DANIEL W. VAVRA, II STREET ADDRESS 5329 WOODVALE DRIVE CITY-ST-ZIP Sarasota, FL 34232	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE P NAME ROBERT M. VAVRA STREET ADDRESS 5329 WOODVALE DRIVE CITY-ST-ZIP Sarasota, FL 34232	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **DATE** 4/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)