

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90115 011 \*\*\*155.00

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**DOCUMENT # P01000120864**

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



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

Mailing Address  
**5900 S. TAMiami TRAIL  
SUITE "F"  
SARASOTA FL 34231**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**280 Shilo Rd**

City & State  
**Sarasota FL**

4. FEI Number **60-0000007**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ASTRONSKAS, CATHERINE  
5900 TAMiami TRAIL  
SUITE "F"  
SARASOTA FL 34231**

7. Name and Address of New Registered Agent  
No. **DANIEL W. VAURA, III**  
Street **280 Shilo Rd**  
City **Sarasota FL 34240**

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 **DANIEL W. VAURA** ✓  
Signature, typed or printed name of registered agent and title if applicable.

4-08-03  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST VAVRA, DANIEL W II 5329 WOODVALE DRIVE SARASOTA FL 34232</b> <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	<b>D VAVRA VAURA, ROBERT M 5329 WOODVALE DRIVE SARASOTA FL 34232</b> <input checked="" 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	<b>Cullen, John J 3951 Kingston Dr. Sarasota, FL 34238</b> <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

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: DANIEL W. VAURA III 4-08-03 371-8313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)