

**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**

Zip **34240** Country **USA**



CHECK HERE IF MAKING CHANGES

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, II**
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. (Registered Agent signature required when reinstating)

DATE **4-08-03**

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

TITLE	DPST	<input type="checkbox"/> Delete
NAME	VAVRA, DANIEL W II	
STREET ADDRESS	5329 WOODVALE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D VAVRA	<input checked="" type="checkbox"/> Delete
NAME	VAURA, ROBERT M	
STREET ADDRESS	5329 WOODVALE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	Cullen, John J	<input type="checkbox"/> Delete
NAME	Cullen, John J	
STREET ADDRESS	3951 Kingston Dr.	
CITY-ST-ZIP	Sarasota, FL 34238	
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		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **DANIEL W. VAURA II** 4-08-03 371-8313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)