

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90118 047 ***150.00

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1. Entity Name
PAUL'S WINDOW SERVICES, INC.



Principal Place of Business
1278 JONES ROAD
JACKSONVILLE FL 32220

Mailing Address
1278 JONES ROAD
JACKSONVILLE FL 32220

2. Principal Place of Business
1278 JONES ROAD
Suite, Apt. #, etc.

3. Mailing Address
1278 JONES ROAD
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
01-0736491

Applied For
Not Applicable

Zip
32220-1417

Country
USA

Zip
32220-1417

Country
USA

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

6. Name and Address of Current Registered Agent

NUGENT, PAUL A
1278 JONES ROAD
JACKSONVILLE FL 32220

7. Name and Address of New Registered Agent

Name
NUGENT, PAUL A.
Street Address (P.O. Box Number is Not Acceptable)
1278 JONES ROAD
City
JACKSONVILLE **FL** **32220-1417**

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 *Paul Nugent*
Signature, typed or printed name of registered agent and title if applicable.

PAUL A. NUGENT
PRESIDENT/TREASURER

3/24/03
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 ☐ **\$5.00 May Be Added to Fees.**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
NUGENT, PAUL A ☐ Delete
1278 JONES ROAD
JACKSONVILLE FL 32220

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BOWERS, SIDNEY J ☐ Delete
2848 DELLWOOD AVENUE
JACKSONVILLE FL 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BLAIR, THOMAS A ☐ Delete
P.O. BOX 1670, 3447 JEANNIE ROAD
CALLAHAN FL 32011-1670

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Paul Nugent*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-03 **(904) 545-1825**
Date Daytime Phone #

CR2E034(10/02)