

FAX AUDIT NO. H03000315640 3

Page 1 of 1 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 12 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000055874

1. Entity Name

SOUTHEAST WINDOW FASHIONS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6591-43rd Street N.

3. Mailing Address

6591-43rd Street N.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg. 13-1304

Bldg. 13-1304

City & State

City & State

Pinellas Park, FL

Pinellas Park, FL

Zip

Country

Zip

Country

33781

USA

33781

USA

4. FEI Number

30-0087631

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Cody W. Waters

Street Address (P.O. Box Number is Not Acceptable)

501 E. Kennedy Boulevard

Suite 1700

City

Tampa

FL

Zip Code

33602

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

Signature of person in printed form of registered agent and title of entity code

Signature of Registered Agent (signature required when filing)

DATE

1. I am the registered agent for the above named entity and I am familiar with the information provided in this report.

2. I am the registered agent for the above named entity and I am familiar with the information provided in this report.

3. I am the registered agent for the above named entity and I am familiar with the information provided in this report.

9. Election Campaign Financing
True: Filing Contribution ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

NAME	DPS Thomas D. Shinn	STREET ADDRESS	6591-43rd Street N., Bldg 13-1304	CITY-STATE-ZIP	Pinellas Park, FL 33781
NAME	Patricia G. Shinn	STREET ADDRESS	6591-43rd Street N, Bldg 13-1304	CITY-STATE-ZIP	Pinellas Park, FL 33781
NAME		STREET ADDRESS		CITY-STATE-ZIP	
NAME		STREET ADDRESS		CITY-STATE-ZIP	
NAME		STREET ADDRESS		CITY-STATE-ZIP	
NAME		STREET ADDRESS		CITY-STATE-ZIP	
NAME		STREET ADDRESS		CITY-STATE-ZIP	
NAME		STREET ADDRESS		CITY-STATE-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 114.07(3)(a), 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 687, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-521-9303

DATE

DATE/TIME/PHONE #

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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From: Deborah K. Miller

(CWW / 103-2404)

Account Name : FOWLER, WHITE 2
Account Number : I19990000148
Phone : (813) 228-7411
Fax Number : (813) 228-9401

CORPORATION REINSTATEMENT

SOUTHEAST WINDOW FASHIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$750.00

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