

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-11-2003 90146 047 ***158.75

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1. Entity Name
C.T'S ALUMINIUM & VINYL, INC.

Principal Place of Business
**3551 BOWDEN CIRC. E.
JACKSONVILLE FL 32216**

Mailing Address
**3551 BOWDEN CIRC. E.
JACKSONVILLE FL 32216**



2. Principal Place of Business
3551 Bowden Cir E.
Suite, Apt. #, etc.

3. Mailing Address
3551 Bowden Cir E
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
JAX. Fla

City & State
JAX. Fla

4. FEI Number
593324676

Applied For
☐ Not Applicable

Zip Country
32246 Duval

Zip Country
32216 Duval

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TILLIS, CLAUDE JR.
3551 BOWDEN CIRC. E.
JACKSONVILLE FL 32216**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: 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 **PD** ☐ Delete
NAME **TILLIS, CLAUDE**
STREET ADDRESS **3551 BOWDEN CIRC. E.**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

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

TITLE **VD** ☐ Delete
NAME **TILLIS, CLAUDE III**
STREET ADDRESS **3551 BOWDEN CIRC. E.**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

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

TITLE **SD** ☒ Delete
NAME **HALLUM, STAN**
STREET ADDRESS **3551 BOWDEN CIRC. E.**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Signature of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-03 (904) 608-1688

Date Daytime Phone #

CR2E034 (10/02)