

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

FILED
Apr 04, 2003 8:00 am
Secretary of State

0331943 AV

04-04-2003 90117 025 ***150.00

DOCUMENT # P02000104214

1. Entity Name

COASTAL WINDOW CLEANING SERVICE INC. #0182



Principal Place of Business
3020 N FEDERAL HWY STE 11 B
FT LAUDERDALE FL 33306

Mailing Address
3020 N FEDERAL HWY STE 11 B
FT LAUDERDALE FL 33306



2. Principal Place of Business
2518 NW 121 Dr

3. Mailing Address
2518 NW 121 Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Coral Springs FL

City & State
Coral Springs FL

4. FEI Number
61-1427295

Applied For
 Not Applicable

Zip Country
33065

Zip Country
33065

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

WEISS, GLENN
3020 N FEDERAL HWY STE 11 B
FT LAUDERDALE FL 33306

Name

Street Address (P.O. Box Number is Not Acceptable)
2518 NW 121 Dr

City Coral Springs FL Zip Code 33065

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 *Glenn Weiss, President*

DATE 4-1-03

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 Delete
NAME WEISS, GLENN
STREET ADDRESS 3020 N FEDERAL HWY STE 11 B
CITY-ST-ZIP FT LAUDERDALE FL 33306

TITLE Change Addition
NAME
STREET ADDRESS 2518 NW 121 Dr
CITY-ST-ZIP Coral Springs FL 33065

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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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: *Glenn Weiss*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-1-03 (954)752-0055
Daytime Phone #

CR2E034 (10/02)