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03 JUL 18 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/25/03--01061--012 **119.50

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000118653 (2)

1. Entity Name
WINDOW FASHION PROFESSIONALS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4700 MILLENIA BLVD., STE. 175 ORLANDO, FL 32839	4700 MILLENIA BLVD., STE. 175 ORLANDO, FL 32839

2. Principal Place of Business	3. Mailing Address
4700 Millenia Blvd.	21 Nottaway Dr
Suite, Apt. #, etc.: STE 175	Suite, Apt. #, etc.:
City & State: Orlando Fl.	City & State: Marrero LA.
Zip: 32839 Country: USA	Zip: 70072 Country: USA

☐ CHECK HERE IF MAKING CHANGES 03

4. FEI Number: 843757852 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GROSS, RON
4700 MILLENIA BLVD., STE. 175
ORLANDO, FL 32839

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): N/A
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: N/A
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

TITLE	PSTD	☐ Delete
NAME	GROSS, RON	
STREET ADDRESS	4700 MILLENIA BLVD., STE. 175	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

CR2E034 (10/02)

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: Ron Gross 6/10/03 678-467-6727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #