

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0003142 AT

DOCUMENT # P02000127529

1. Entity Name

BRABITZ WINDOW INSTALLATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION.

03 APR 10 PM 1:50

Principal Place of Business

176 GRAY ROAD
W. MELBOURNE FL 32904

Mailing Address

176 GRAY ROAD
W. MELBOURNE FL 32904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0664181

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BRABITZ, MARK R II
176 GRAY ROAD
W. MELBOURNE FL 32904

7. Name and Address of New Registered Agent

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 P
NAME BRABITZ, MARK R II
STREET ADDRESS 176 GRAY ROAD
CITY-ST-ZIP W. MELBOURNE FL 32904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME KALISH, CHRISTOPHER E
STREET ADDRESS 747 ISAR AVE. N.W.
CITY-ST-ZIP PALM BAY FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Mark R Brabitz II 4-10-03 (321) 800-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 863-800-8000

CR2E034 (10/02)