2008

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90224 024 ***150.00

DOCUMENT # P06000134546

1. Entity Name

WINDOW DOCTOR SCREENS OF THE PALM BEACHES, INC.

DO NOT WRITE IN THIS SPACE

40095777

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1065 SILVER BEACH RD.		1065 SILVER BEACH RD.	
Suite, Apt. #, etc. BAY 11		Suite, Apt. #, etc. BAY 11	
City & State RIVIERA BEACH FL		City & State RIVIERA BEACH FL	
Zip 33404	Country	Zip 33404	Country

4. FEI Number 205761168 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name JABLONSKI

Street Address (P.O. Box Number Is Not Acceptable) 1065 SILVER BEACH RD.

BAY 11

City RIVIERA BEACH. FL Zip Code 33404

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.

SIGNATURE ______ 4/30/2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/D	TITLE	
NAME	JABLONSKI, JOANNE	NAME	
STREET ADDRESS	1065 SILVER BEACH RD., BAY 11	STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	JABLONSKI, WILLIAM, J	NAME	
STREET ADDRESS	1065 SILVER BEACH RD., BAY 11	STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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