

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**  
 05-01-2001 90107 033 \*\*\*150.00

0525669

**DOCUMENT # P21321**

1. Entity Name

**JW WINDOW COMPONENTS, INC.**

Principal Place of Business

1310 N HERCULES AVE  
 CLEARWATER FL 33765  
 US

Mailing Address

P.O. BOX 4490  
 CLEARWATER FL 33758

2. Principal Place of Business

861 N HERCULES AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3429839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

FASEMYER, JANET  
 1310 N. HERCULES AVE.  
 CLEARWATER FL 33765

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.

SIGNATURE

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 CEO ☐ Delete  
 NAME DESOTO, PETER  
 STREET ADDRESS 1985 CARROLL STREET  
 CITY-ST-ZIP CLEARWATER FL 33765

TITLE P ☐ Delete  
 NAME WILLIAMS, ROBERT  
 STREET ADDRESS 650 W MARKET ST  
 CITY-ST-ZIP GRATZ PA 17030

TITLE T ☐ Delete  
 NAME POPPLETON, JAY K  
 STREET ADDRESS 1985 CARROLL ST  
 CITY-ST-ZIP CLEARWATER FL 33765

TITLE S ☐ Delete  
 NAME GUTHRIE, SARAH W  
 STREET ADDRESS 1985 CARROLL ST  
 CITY-ST-ZIP CLEARWATER FL 33765

TITLE VPF ☐ Delete  
 NAME FASEMYER, JANET  
 STREET ADDRESS 1310 N HERCULES AVENUE  
 CITY-ST-ZIP CLEARWATER FL 33765

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 861 N HERCULES AVE  
 CITY-ST-ZIP CLEARWATER, FL 33765

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 861 N HERCULES AVE  
 CITY-ST-ZIP CLEARWATER, FL 33765

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 NAME  
 STREET ADDRESS 861 N HERCULES AVE  
 CITY-ST-ZIP CLEARWATER, FL 33765

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 (727) 461-0561

Date

Daytime Phone #

CR2E034 (10/00)