2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # P9200001209 1. Entity Name VINYL WINDOWS OF FLORIDA, INC. 05-17-2000 90924 042 ***150.00 Principal Place of Business Mailing Address 690 HEINBERG STREET 690 HEINBERG STREET PENSACOLA FL 32501 PENSACOLA FL 32501-4146 TAAAPAAA Principal Place of Business Mailing Address 5520 Industrial Blod 5520 Industria Blud Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3151157 Not Applicable Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLARK, PARTINGTON, HART, P.A. Street Address (P.O. Box Number is Not Acceptable) 125 WEST ROMANA STREET PENSACOLA FL 32501 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 🗖 Delete ☐ Addition TITLE TITLE FISHER, MYLES NAME NAME 690 HEINBERG ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL **DCEO** ☐ Addition ☐ Change ☐ Delete TITLE TITLE PENNIMAN, E.E. NAME NAME 690 HEINBERG ST. 5520 Industral Blue STREET ADDRESS STREET ADDRESS CITY-ST-7IP PENSACOLA FL CITY-ST-ZIP ☐-Addition: **D**elete TITLE ~ Change FOGARTY, W.C. NAME NAME 690 HEINBERG ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL TITLE Change Addition BROCKMANN, SANDRA NAME NAME 690 HEINBERG STREET 5520 Fadustrial Blod STREET ADDRESS STREET ADDRESS PENSAGOLA FL 32501 M>/ton F1 32583 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.