

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90043 050 ***550.00

DOCUMENT # P93000013833

1. Entity Name
LUSK WINDOW AND DOOR COMPANY



A0079301



DO NOT WRITE IN THIS SPACE

Principal Place of Business
151 HENDERSON DRIVE
CRESTVIEW FL 32539
US

Mailing Address
P O BOX 1247
MOSSY HEAD FL 32434
US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

4. FEI Number **59-3169260** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LUSK, WAYNE R
151 HENDERSON DRIVE
CRESTVIEW FL 32536

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUSK, WAYNE R 151 HENDERSON DRIVE CRESTVIEW FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LUSK, SUE A 151 HENDERSON DRIVE CRESTVIEW FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: WYNONATRE LUSKOWSKI *R. Lusk* Date: 9-13-00 Daytime Phone #: 850-682-3220

C.F. 0:4 (5/00)

Attachment
P93000013833
A0079301

To Whom it May Concern:

My son who is now 10 years old had a b.m.t. (bone marrow transplant) done in July 1999. We were out of state for 3 months so all my paper work got really behind. I have been trying to keep the business going and catch up on all the paper work. Normally the filing fee is fifty dollars. The extra 500.00 could cause serious financial difficulty for a small business such as mine especially when there are other problems such as health of our child. Any help you could give would be appreciated.

Sincerely
Wayne R. [Signature]