

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000042092

1. Entity Name

AMERICAN WINDOW & SCREEN CO., INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90019 034 ***150.00

Principal Place of Business

1146 SW 1ST WAY
DEERFIELD BEACH FL 33441

Mailing Address

1146 SW 1ST WAY
DEERFIELD BEACH FL 33441-6644

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

65-0417833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAFIERO, CLINTON SHAWN
7496 N.W. 25TH STREET
MARGATE FL 33065

Name

SHAWN CLINTON CAFIERO

Street Address (P.O. Box Number is Not Acceptable)

1322 NW 104TH DRIVE

City

CORAL SPRINGS

FL

Zip Code

33071

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAFIERO, SHAWN C 1322 NW 104TH DR CORAL SPRINGS FL 33071	<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MARTIN, JAMES B 12860 SW 17TH PLACE DAVIE FL 33325	<input checked="" type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CAFIERO, ARN M. 2708 NW 90TH TERRACE GAINESVILLE FL 32606	<input checked="" type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Y HEADRICK, BRUCE F. 641 BEACHWOOD LANE PLANTATION FL 33317	<input checked="" type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> De'te

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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES/CEO

02-29-00

Date

954-426-8232

Daytime Phone #

CR2E034 (9/99)