

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000075485

1. Entity Name
TZ WINDOW, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90074 021 ***150.00

Principal Place of Business Mailing Address
433 GOOLSBY BLVD. 433 GOOLSBY BLVD.
DEERFIELD BEACH FL 33442-2030 DEERFIELD BEACH FL 33442-3020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0445018** Applied For
Not Applicable

Zip Country Zip Country 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

ZESCHKE, THOMAS
433 GOOLSBY BLVD.
DEERFIELD BEACH FL 33442-2030

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

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	P	<input type="checkbox"/> Delete
NAME	ZESCHKE, THOMAS	
STREET ADDRESS	433 GOOLSBY BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	ZESCHKE, KENNETH	
STREET ADDRESS	433 GOOLSBY BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	ELLISON, SYLVIA M	
STREET ADDRESS	433 GOOLSBY BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Thomas Zeschke* **THOMAS ZESCHKE** 1/5/2000 954.426-7006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)