

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

093000087897

HOUSE OF WINDSOR REFINISHING COMPANY INC

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90047 022 ***150.00

Principal Place of Business

Mailing Address

5742 Forester Pine Court
Sarasota, Florida, 34243

2. Principal Place of Business

3. Mailing Address

3541 Saint Annes Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Aurora, IL

4. FEI Number

65-0459879

Applied For

Not Applicable

Zip

Country

Zip

Country

60504

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN DENDY

5742 Forester Pine Court
Sarasota, FL, 34243

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

22 April 2000

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

DENDY, JOHN
5742 Forester Pine Ct
Sarasota, FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ 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

22 April 2000

Date

Daytime Phone #

CR2E034 (9/99)