

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90145 017 ***150.00

DOCUMENT # P94000017602

1. Entity Name

ARCHITECTURAL SASH AND DOOR, INC.

Principal Place of Business

408 GARTH CT
APOPKA FL 32712

Mailing Address

PO BOX 350028
GRAND ISLAND FL 32735

2. Principal Place of Business

432 N. Eustis Street

Suite, Apt. #, etc.

3. Mailing Address

432 N. Eustis Street

Suite, Apt. #, etc.

City & State

Eustis, Florida

City & State

Eustis, Florida

Zip

32726

Country

U.S.

Zip

32726

Country

U.S.

4. FEI Number

59-3230847

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HENSON, JO E

39436 ST. RD 452

LEESBURG FL 32748

7. Name and Address of New Registered Agent

Name

Henson, Jo E.

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

432 N. Eustis Street

City

Eustis

FL

Zip Code
32726

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HENSON, JO E	
STREET ADDRESS	39436 ST. RD. 452	
CITY-ST-ZIP	LEESBURG FL 32748	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, S, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henson, Jo E.	
STREET ADDRESS	432 N. Eustis Street	
CITY-ST-ZIP	Eustis, Florida 32726	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)