

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
 05-17-2001 91356 016 ***158.25

0126383

DOCUMENT # P95000003530

1. Entity Name

BLAIRE WINDOW & SCREEN, INC.

Principal Place of Business

**533 E. SAMPLE RD.
 POMPANO BEACH FL 33064**

Mailing Address

**533 E. SAMPLE RD.
 POMPANO BEACH FL 33064**

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 **59-3335977**

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

**BLAIRE, STEPHEN
 533 E. SAMPLE RD.
 POMPANO BEACH FL 33064**

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 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, 2001 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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **BLAIRE, STEPHEN M**
 CITY-ST-ZIP **330 SW 31ST AVE.
 FT. LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **REED, DEBORAH L**
 CITY-ST-ZIP **8270 SW 7TH CT.
 N. LAUDERDALE FL 33608**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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 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: Deborah L Reed
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-2001 (454-783-1622)
 Date Daytime Phone #

CR2E034 (10/00)



Window & Screen Co.

533 E. Sample Road
Pompano Beach, FL 33064
(305) 783-1622
Fax (305) 783-0366

Attachment
P95000003530
767635

RE: P95000003530

May 8, 2001

Division of Corporations:

I am writing this correspondence in regards to filing for this year. I am the only one in the office and have been ill and out of the office, seeing doctors and the hospital. I do know that every year to pay for this payment because if you are late the penalty fee is so high. I had to get temporary help and when they sent out our tax work for 2000, to our accountant they enclosed the filing report. I got a call from our accountant on Monday 5-7-2001 informing me of the problem. I immediately called Division of Corporations in which the customer assistance said to correspond with you, send payment of 158.75 and overnight. I am asking for if you check our status we have never been tardy. I know you must get many excuses, but I am asking for leniency on the penalty, and would gladly send or fax proof of illness. I would appreciate anything you can do for me in this matter.

Thank-you.

Deborah L Reed

Deborah L Reed

V. Pres.

Please advise me of the status and again I apologize.

(954)783-1622