

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053844

1. Entity Name

CLEAR VIEW INSULATING WINDOW FILM, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90130 024 ***150.00

Principal Place of Business

Mailing Address

4420A N.E. 20TH AVE.
OAKLAND PARK FL 33308

4420A N.E. 20TH AVE.
OAKLAND PARK FL 33308-5190

2. Principal Place of Business

3. Mailing Address

504 NE 11th AVE
Suite, Apt. #, etc.
2

504 NE 11th AVE
Suite, Apt. #, etc.
2

City & State
Pompano Bch, FL

City & State
Pompano Bch, FL

Zip - Country
33060 - US

Zip - Country
33060 - US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0599685

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

PANAGAKOS, PETER
1045 S FLAGLER AVE
POMPAÑO BEACH FL 33060

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 reappointing)

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	D	<input type="checkbox"/> Delete
NAME	PANAGAKOS, PETER	
STREET ADDRESS	1045 S FLAGLER AVE	
CITY-ST-ZIP	POMPAÑO BEACH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)