

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000066744

1. Entity Name

OPEN WINDOWS, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90060 043 \*\*\*150.00

Principal Place of Business

8469 BUENA VISTA  
FORT MYERS FL 33912

Mailing Address

8469 BUENA VISTA  
FORT MYERS FL 33912-2631

2. Principal Place of Business

6309 Corporate Ct.  
Suite, Apt. #, etc.  
Suite 103

3. Mailing Address

6309 Corporate Ct.  
Suite, Apt. #, etc.  
Suite #103

City & State

Ft Myers FL  
Zip 33919 Country USA

City & State

Ft Myers FL  
Zip 33919 Country USA

4. FEI Number

65-0609465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERSHEY, MICHELLE  
8469 BUENA VISTA  
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

Michelle Hershey

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

6309 Corporate Ct. Suite 103

City

Ft Myers

FL

Zip Code

33919

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

*Michelle Hershey* Michelle Hershey

3/28/00

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

TITLE P  
NAME HERSHEY, MICHELLE  
STREET ADDRESS 8469 BUENA VISTA RD.  
CITY-ST-ZIP FT. MYERS FL 33912 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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:

*Michelle Hershey* Michelle Hershey

3/28/00

Date

941-481-5868

Daytime Phone #

CR2E034 (9/99)