

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90271 010 ***150.00

DOCUMENT # **P95000069962**

1. Entity Name

Window King Inc ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1009 S.E. 9th Ave

Suite, Apt. #, etc.

#B

City & State

Cape Coral Florida

Zip

33990

Country

Lee

3. Mailing Address

1009 S.E. 9th Ave

Suite, Apt. #, etc.

#B

City & State

Cape Coral Florida

Zip

33990

Country

Lee

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4. FEI Number

060606354

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Monty Hughes

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

1009 S.E. 9th Ave #B

City

Cape Coral

FL

Zip Code

33990

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Montgomery W Hughes
1009 S.E. 9th Ave #B
Cape Coral FL 33990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Montgomery Hughes** **4/21/02** **314-954-4628**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)