

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90084 032 ***150.00

2 0 0 3 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071112

1. Entity Name

DESIGNER WINDOWS & DOORS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
780 EAST LAKE DRIVE

Suite, Apt. #, etc.

3. Mailing Address
780 EAST LAKE DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number 65-0620141

Applied For
Not Applicable

Zip
34102

Country
USA

Zip
34102

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name RADTKE, THOMAS J

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

780 EAST LAKE DRIVE

City NAPLES

FL

Zip Code
34102

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DPT	RADTKE, THOMAS J	780 EAST LAKE DRIVE , NAPLES, FL 34102	
SAT	RADTKE, ANDREA B	780 EAST LAKE DRIVE, NAPLES, FL 34102	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 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 #

CR2E034B (12/02)

**A BETTER
BUSINESS & TAX SERVICE, INC.**

Attachment 80138869
**A CCURATE
ACCOUNTING & TAX, INC.**



August 7, 2003

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Designer Windows & Doors, Inc.,
Document No. P95000071112
2003 Uniform Business Report

Gentlemen:

The original Report was never received seeing that it was mailed to a post office box.

Our office called the Division of Corporations to explain the problem and we were told to write this letter explaining the situation and to have the corporation send the Corporation Reinstatement along with a check for \$150.00.

Check number 6855, in the amount of \$150.00, is enclosed to cover this report.

Thank you.

Sincerely,

Helen Watson

Helen Watson
President

/tr

Enclosures