

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90089 015 ***150.00

DOCUMENT # **P96000002774**

1. Entity Name
COMMERCIAL WINDOWS SERVICES, INC.

Principal Place of Business Mailing Address
5301 DELONA ROAD **4000 HWY. 90, STE. G**
MILTON FL 32583 **PACE FL 32571**

2. Principal Place of Business 3. Mailing Address
 State, Apt. #, etc. **2620 N 12th Ave**
 City & State **Pensacola FL**
 Zip **32501**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3351260** 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

BASS AND SANDFORT ASSOCIATES
127 E ZARAGOZA ST
STE 206
PENSACOLA FL 32501

Name **BASS + SANDFORT Accountants Inc**
 Street Address (P.O. Box Number is Not Acceptable)
2620 N 12th Ave
 City **Pensacola** FL Zip Code **32503**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	ARBUCKLE, RAYMOND C	
STREET ADDRESS	5301 DELONA ROAD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	S T	<input type="checkbox"/> Delete
NAME	John R. Brown	
STREET ADDRESS	4000 Hwy 90	
CITY-ST-ZIP	PACE FL 32571	
TITLE		<input type="checkbox"/> Delete
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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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-02 **850 994 2166**

CR2E034 (10/00)