

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043172

1. Entity Name

GTC HURRICANE WINDOW DISTRIBUTORS, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90184 041 \*\*\*150.00

Principal Place of Business

Mailing Address

1461 SW 30TH AVE  
SUITE 18  
POMPANO BEACH FL 33069  
US

1461 SW 30TH AVE  
SUITE 18  
POMPANO BEACH FL 33069-1126  
US

2. Principal Place of Business

1461 SW 30TH AVE

3. Mailing Address

1461 SW 30TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 24

SUITE 24

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

Zip

Country

33069

US

Zip

Country

33069-1126

US

4. FEI Number

65-0669610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARKO, DAVID EVERETT  
3001 SW 3 AVE  
MIAMI FL 33129

7. Name and Address of New Registered Agent

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 reinstating)

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 PD ☐ Delete  
NAME DEATER, GARY T  
STREET ADDRESS 19845 NORTHWEST 10TH STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE VD ☐ Delete  
NAME TANN, CHARLES A  
STREET ADDRESS 2001 NORTHWEST 180TH WAY  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE VD ☐ Delete  
NAME DEATER, GARY T II  
STREET ADDRESS 8640 NORTHWEST 25TH STREET  
CITY-ST-ZIP SUNRISE FL 33322

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☐ Addition  
NAME DEATER, GARY T.  
STREET ADDRESS 19845 NORTHWEST 10TH STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE VD ☒ Change ☐ Addition  
NAME TANN, CHARLES A.  
STREET ADDRESS 314 SOUTHWEST 159TH LANE  
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE VD ☒ Change ☐ Addition  
NAME DEATER, GARY T. II  
STREET ADDRESS 2500 NORTHWEST 114TH AVENUE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

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

TITLE ☐ Change ☐ Addition  
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 all other like empowered.

SIGNATURE:

GARY T. DEATER II

3-30-00

(954) 969-0068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)