

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-14-2002 90094 020 ***150.00

DOCUMENT # P96000051105

1. Entity Name
ALL COUNTY WINDOW & DOOR, INC.

Principal Place of Business

2421 E. KILGORE ST.
ORLANDO FL 32803
US

Mailing Address

2421 E KILGORE ST
ORLANDO FL 32803
US

2. Principal Place of Business

1423 S. Bumby Ave

Suite, Apt. #, etc.

3. Mailing Address

1423 S. Bumby Ave

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3431397

Applied For

Not Applicable

Zip

32806

Country

ORANGE

Zip

32806

Country

ORANGE

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOUTON, EDWARD R
6640 E COLONIAL DR
ORLANDO FL 32807

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, 2002 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 **D** ☐ Delete

NAME **BOUTON, EDWARD R**
STREET ADDRESS **2421 E KILGORE ST**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **V** ☐ Delete

NAME **BOUTON, RICHARD**
STREET ADDRESS **2421 E. KILGORE ST.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **S** ☐ Delete

NAME **MCCALL, E**
STREET ADDRESS **2421 E KILGORE ST**
CITY-ST-ZIP **ORLANDO FL 32803**

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 ☒ Change ☐ Addition

NAME **1423 S. Bumby Ave**
STREET ADDRESS **ORLANDO, FL 32806**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **1423 S. Bumby Ave**
STREET ADDRESS **ORLANDO, FL 32806**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **1423 S. Bumby Ave**
STREET ADDRESS **ORLANDO, FL 32806**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02

Date

Daytime Phone #

CR2E034 (9/01)