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## .. 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

SIGNATURE:

P97000013217 **DOCUMENT #** FILED 1. Entity Name AUG 22 PM 12: 04 MODERN WINDOW FASHIONS, INC. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHAS 55052515 4011 W. SOUTH AVE., STE. A 4011 W. SOUTH AVE., STE. A **TAMPA FL 33814** TAMPA FL 33614 2. Principal Place of Business 3. Mailing Address 5019 Rio Vista#10 Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 5019 R10 Vista #10 City & State City & State Applied For 4. FEI Number 59-3439510 Florida <u> Tampa</u> amoa Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired **USA** USA Fee Required\_ 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTINEZ, GEORGE P Street Address (P.O. Box Number is Not Acceptable) 1709 ELDRED DRIVE **TAMPA FL 33603** City 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. I am lamillar with, and accept the obligations of registered agent, SIGNATURE Signature, typed or printed name of registered agent and title flapplicable (NOTE: Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE Change TITLE MARTINEZ, GEORGE P. NAME NAME 1709 ELDRED DR. STREET ADDRESS **CR2E034** STREET ADDRESS TAMPA FL 33603 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE MARTINEZ, JOHN A NAME NAME 1709 ELDRED DR. STREET ADDRESS STREET ADDRESS **TAMPA FL 33603** CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SE-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutas, 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 certify 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 Block 11 if

PRINTED NAME OF SIGNING OFFICED OF DIRECTOR



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July 22, 2003

Florida Department of State Post Office Box 6327 Tallahassee, Florida 32314

Attn: Annual Report Section

To Whom It May Concern:

This letter is regarding the filing fee for the Uniform Business Report form. We had an address change in October 2002 and we contacted you about our change. We contacted you again around the time that this form was due because we had not received it yet. At that time, we were informed that we would receive it immediately. We have just received the form but it is for the wrong amount. The form we received is for \$550.00 instead of \$150.00. I understand that the \$400.00 difference is a standard fee for not filing on time, which I feel Modern Window Fashions, Inc is not responsible for, considering our continued efforts to resolve the address change situation. We have just called again, explained our scenario, and were then instructed to pay \$150.00 because the error was out of our control. Please feel free to contact me directly with any questions. Thank you for your time in reviewing this matter.

Sincerely,

George P. Martinez

President