

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 01, 2002 8:00 am  
Secretary of State

02-01-2002 90043 033 \*\*\*150.00

DOCUMENT # P97000027677

1. Entity Name

ST. JOHNS DOOR & WINDOW, INC.

Principal Place of Business

5305 AIA SOUTH  
ST AUGUSTINE FL 32080

Mailing Address

5305 AIA SOUTH  
ST AUGUSTINE FL 32080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3448762

Applied For

Not Applicable

5. Certificate of Status Desired ☐ - \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEBERT, JOHN T

305 4050 AIA SOUTH

ST AUGUSTINE FL 32084 32080

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME GEBERT, JOHN T  
STREET ADDRESS 4050 AIA SOUTH  
CITY-ST-ZIP ST AUGUSTINE FL 32084 32080

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

TITLE ☐ Delete  
NAME GEBERT, GEOFF Z  
STREET ADDRESS 4050 AIA SOUTH  
CITY-ST-ZIP ST AUGUSTINE FL 32084 32080

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

TITLE ☐ Delete  
NAME GEBERT, DONALD L  
STREET ADDRESS 4050 AIA SOUTH  
CITY-ST-ZIP ST AUGUSTINE FL 32084 32080

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

TITLE ☐ Delete  
NAME BRADLEY COREY  
STREET ADDRESS 5305 AIA So.  
CITY-ST-ZIP ST AUGUSTINE, FL. 32080

TITLE ☐ Change ☒ Addition  
NAME V BRADLEY COREY  
STREET ADDRESS 5305 AIA So.  
CITY-ST-ZIP ST AUGUSTINE, FL. 32080

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME S/T JANE T GEBERT  
STREET ADDRESS 5305 AIA So.  
CITY-ST-ZIP ST AUGUSTINE, FL. 32080

TITLE ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-17-02

Daytime Phone #

CR2E034 (9/01)