

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028307

1. Entity Name

PROVIDENCE WINDOWS AND DOORS, INC.

**FILED**  
May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90186 003 \*\*\*150.00

Principal Place of Business

Mailing Address

BRANAN FIELD RD  
JACKSONVILLE FL 32222

11393 BRANAN FIELD RD  
JACKSONVILLE FL 32222-1841  
US

2. Principal Place of Business

11393 Branan Field Rd  
Suite, Apt. #, etc.

3. Mailing Address

11393 Branan Field  
Suite, Apt. #, etc.

City & State

Jay FL

City & State

Jay FL

4. FEI Number

59-3434762

Applied For

Not Applicable

Zip

32222

Country

Duval

Zip

32222

Country

Duval

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCCORMICK, LOU ANNE  
11393 BRANAN FIELD RD  
JACKSONVILLE FL 32222

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	P	<input type="checkbox"/> Delete
NAME	MCCORMICK, LOU ANNE	
STREET ADDRESS	11393 BRANAN FIELD RD	
CITY-ST-ZIP	JACKSONVILLE FL 32222	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCORMICK, RUSSELL	
STREET ADDRESS	11393 BRANAN FIELD RD	
CITY-ST-ZIP	JACKSONVILLE FL 32222	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lou Anne McCormick  
Lou Anne McCormick

4/24/00

779-0202

Date

Daytime Phone #

CR2E034 (9/99)