

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032175

1. Entity Name

STANEK WINDOWS FACTORY OUTLET, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90061 048 \*\*\*550.00

Principal Place of Business

Mailing Address

601 E. TWIGGS ST., STE. 200  
TAMPA FL 33602

601 E. TWIGGS ST., STE. 200  
TAMPA FL 33602-3927

2. Principal Place of Business

11721 US HWY 19N

3. Mailing Address

11721 US HWY 19N

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FL

City & State

CLEARWATER FLA

4. FEI Number

31-1519486

Applied For

Not Applicable

Zip

33764

Country

USA

Zip

33764

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REIBER, SAM I

601 E. TWIGGS ST., STE. 200  
TAMPA FL 33602

Name

Mark Davis

Street Address (P.O. Box Number is Not Acceptable)

11721 U.S. Highway 19 N/107th

City

Clearwater FL

Zip Code

34624-7492

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

Mark Davis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/19/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, MARK	
STREET ADDRESS	6141 PAUDA DR	
CITY-ST-ZIP	N ROYALTON OH 44133	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STANEK, RONALD	
STREET ADDRESS	7502 WILTON LN	
CITY-ST-ZIP	N ROYALTON OH 44133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Mark Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/00

Date

216-341-7700

Daytime Phone #

CR2E034 (9/99)