

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059363

1. Entity Name

POWER WINDOW REPAIR EXPRESS, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90068 031 \*\*\*150.00

Principal Place of Business

Mailing Address

*Address changed*  
*850 NE 48th St*  
*Pompano Bch FL*

8103 S.W. 30TH STREET  
 DAVIE FL 33328

8103 S.W. 30TH STREET  
 DAVIE FL 33328-1905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*850 NE 48th St Lot 104*  
*Pompano Bch FL*

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROEHRIG, MARK  
 8103 S.W. 30TH STREET  
 DAVIE FL 33328

*changed*  
*850 NE 48th St Lot 104*  
*Pompano Bch FL 33064*

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

*Donald Mark Roehrig*

*DONALD MARK ROEHRIG*  
*3/6/00*  
*president*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME ROEHRIG, MARK  
 STREET ADDRESS 8103 S.W. 30TH STREET  
 CITY-ST-ZIP DAVIE FL 33328

*changed*  
*850 NE 48th St Lot 104*  
*Pompano Bch FL 33064*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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:

*Donald Mark Roehrig*

*DONALD MARK ROEHRIG*  
*3/6/00*  
*president*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*(954) 784 9480*

CR2E034 (9/99)