

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059363

1. Entity Name

POWER WINDOW REPAIR EXPRESS, INC.

**FILED**  
Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90284 048 \*\*\*150.00

Principal Place of Business

850 NE 48TH STREET  
POMPANO BEACH FL 33064

Mailing Address

850 NE 48TH STREET  
POMPANO BEACH FL 33064

018153



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1801 W Atlantic Ave  
B3

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray FL

City & State

Same

4. FEI Number 65-0779962

Applied For

☒ Not Applicable

Zip

33444

Country

W Palm Bch

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROEHRIG, MARK  
850 NE 48TH STREET  
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name MARK ROEHRIG

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

Same

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

Mark Roehrig pres.

01/30/01

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, 2001 Fee will be \$650.00**  
**Make Check Payable to Department of State \$150.00**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROEHRIG, MARK  
STREET ADDRESS 850 NE 48TH STREET LOT 104  
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres.  
NAME Change of Address only  
STREET ADDRESS 1801 W. Atlantic Ave  
CITY-ST-ZIP Delray FL 33444 ☒ Change ☐ Addition

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

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

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

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

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

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 Roehrig pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/01 954 784 9480  
561 730 3710

Date

Daytime Phone #

CR20034 (10/00)