

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90045 041 ***150.00

0607102

DOCUMENT # P97000079471

1. Entity Name
THE SEE THRU SHUTTER COMPANY

Principal Place of Business Mailing Address
5249 HIATUS RD PO BOX 450256
FORT LAUDERDALE FL 33351 FORT LAUDERDALE FL 33351

RU033360



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0823922** Applied For
 Not Applicable

Zip Country Zip Country 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

MCLEOD, MICHELE
5249 HIATUS RD
FORT LAUDERDALE FL 33351

Name **C. David Tangora, Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
200 S.E. 18th Court
 City **Ft. Lauderdale FL** Zip Code **33316**

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 *Michele M. McLeod* DATE 3/19/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 **PSTD**
 STREET ADDRESS **BORGE, CARL**
 CITY-ST-ZIP **5249 HIATUS RD.**
FT. LAUDERDALE FL 33351

TITLE Change Addition
 NAME **P**
 STREET ADDRESS **Carl Borge**
 CITY-ST-ZIP **PO Box 450256**
SUNRISE, FL 33345

TITLE Delete
 NAME **V**
 STREET ADDRESS **MCLEOD, MICHELE**
 CITY-ST-ZIP **5249 HIATUS RD**
FORT LAUDERDALE FL 33351

TITLE Change Addition
 NAME **VP**
 STREET ADDRESS **michele mcleod**
 CITY-ST-ZIP **PO Box 450256**
SUNRISE, FL 33345

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
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Change Addition
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 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: *Michele M. McLeod* DATE 3/19/01 DAYTIME PHONE # 746-5823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)