

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083566

1. Entity Name

THE WINDOW SPECIALISTS INC.

**FILED**  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91108 049 \*\*\*150.00

0627437

Principal Place of Business

5501-28TH ST. N  
UNIT 1  
ST. PETERSBURG FL 33714

Mailing Address

P.O. BOX 1680  
LARGO FL 33779

2. Principal Place of Business

3934-52ND AVE N

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3469916

Applied For

Not Applicable

Zip

33714

Country

PINELLAS

Zip

33714

Country

FL

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, STEVEN  
5501-28TH ST. N  
UNIT 1  
ST. PETERSBURG FL 33714

7. Name and Address of New Registered Agent

Name STEVEN J. ANDREWS  
Street Address (P.O. Box Number is Not Acceptable)  
3934 52ND AVE N  
City ST. PETERSBURG FL 33714  
Zip Code 33714

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 date if applicable.

STEVEN J ANDREWS, PRESIDENT 4-25-01

(NOTE: Registered Agent signature required when re-stating)

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 \$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	ANDREWS, STEVEN J	
STREET ADDRESS	5501-28TH ST. N, UNIT 1	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POUCH, CHRISTOPHER G	
STREET ADDRESS	PO BOX 3093	
CITY-ST-ZIP	PINELLAS PARK FL 33780	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CHASE, JERRY L	
STREET ADDRESS	3959 52ND AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3934-52ND AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN J ANDREWS, PRESIDENT 4-25-01

Date

Daytime Phone #

727

548-4488

CR2E034 (10/00)