

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

0495098 AV

DOCUMENT # **P97000084065**

1. Entity Name

FLORIDA WOOD WINDOW & DOOR, INC.

04-07-2002 90566 005 ***150.00

Principal Place of Business

**5650 HALIEAH AVENUE
 FORT MYERS FL 33912
 US**

Mailing Address

**17311-E ALICO CENTER RD
 FORT MYERS FL 33912
 US**



2. Principal Place of Business

3. Mailing Address

5650 Halifax Ave

5650 Halifax Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Fort Myers, Fl.

Fort Myers, Fl.

City & State

City & State

33912 USA

33912 USA

Zip

Country

Zip

Country

4. FEI Number

65-0779053

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHANNON, DANIEL P
 1731 E ALLCO CENTER RD
 FORT MYERS FL 33912**

7. Name and Address of New Registered Agent

Name

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

6889 Kimberly Terrace

City

Fort Myers

FL

Zip Code

33919

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 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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	ARABIE, CHARLES R	
STREET ADDRESS	9674 SPRINGRIDGE CIRCLE	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SHANNON, DANIEL P	
STREET ADDRESS	6889 KIMBERLY TERRACE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ESCKILSEN, GARY L	
STREET ADDRESS	20589 ARMADA COURT	
CITY-ST-ZIP	ESTERO FL 33908	
TITLE	DT	<input type="checkbox"/> Delete
NAME	IVY, JAMES T	
STREET ADDRESS	7123 EMILY DR.	
CITY-ST-ZIP	FORT MYERS FL 33908	
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	<i>14931 Park Lake Apt. 103</i>	
CITY-ST-ZIP	<i>Fort Myers, Fl. 33919</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>6889 Kimberly Terrace</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>15481 Catalpa Cove</i>	
CITY-ST-ZIP	<i>Fort Myers, Fl 33908</i>	
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 all other like empowered.

SIGNATURE: _____

Daniel P. Shannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-02
 Date

941-437-6166
 Daytime Phone #

CR2E034 (9/01)