

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90102 001 ***550.00

09-06-2000 90102 002 *****8.75

DOCUMENT # P97000101478

1. Entity Name

C. & S. WINDOW INSTALLERS OF PALM BEACH, INC. ✓

Principal Place of Business

3095 S MILITARY TR
STE 5
LAKE WORTH FL 33463
US

Mailing Address

3095 S MILITARY TR
STE 5
LAKE WORTH FL 33463
US

2. Principal Place of Business

4024 Gun Club Rd
Suite, Apt. #, etc.

3. Mailing Address

4024 Gun Club Rd
Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

WPB, FL

4. FEI Number

65-0803870

Applied For

Not Applicable

Zip

Country

33406 US

Zip

Country

33406 US

5. Certificate of Status Desired

✓

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WYMAN, ROBERT
3095 S MILITARY TRAIL
SUITE 5
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name Crystal Kunkle
Street Address (P.O. Box Number is Not Acceptable)
4024 Gun Club Rd
City WPB FL Zip Code 33406

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

Crystal Kunkle

Crystal Kunkle

7/28/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PDT KUNKLE, CRYSTAL 4024 GUN CLUB ROAD WEST PALM BEACH FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUNKLE, PAUL 4124 GUN CLUB RD WEST PALM BEACH FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUNKLE, DAVID 5840 ELDER DR W PALM BCH FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/28/00

Date

54-739-260

Daytime Phone #

CR2E034 (5/00)