

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90179 032 ***150.00

DOCUMENT # P98000003576

1. Entity Name

NEW ERA WINDOWS, INC.

Principal Place of Business

**1915 SOUTH TAMiami TRAIL
 VENICE FL 34293**

Mailing Address

**1915 SOUTH TAMiami TRAIL
 VENICE FL 34293**

2. Principal Place of Business

503 Bellaire Dr

3. Mailing Address

503 Bellaire Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice FL

City & State

Venice FL

4. FEI Number

65-0820368

Applied For

Not Applicable

Zip

34293

Country

Zip

34293

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KING, SANFORD R

1915 SOUTH TAMiami TRAIL

VENICE FL 34293

7. Name and Address of New Registered Agent

Name

King, Sanford R

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

503 Bellaire Dr

City

Venice

FL

Zip Code

34293

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

Sanford R King President 4/30/02

(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 ☐ Delete
 NAME **D**
 STREET ADDRESS **KING, SANFORD R**
 CITY-ST-ZIP **1915 SOUTH TAMiami TRAIL
 VENICE FL 34293**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KING, LISA A**
 CITY-ST-ZIP **1915 SOUTH TAMiami TRAIL
 VENICE FL 34293**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **KING, ROBERT**
 CITY-ST-ZIP **1915 SOUTH TAMiami TRAIL
 VENICE FL 34293**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **503 Bellaire Dr**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **503 Bellaire Dr**
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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:

Sanford R King President

4/30/02 941 468 3352

Date

Daytime Phone #

CR2E034 (9/01)