

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90177 023 ***550.00

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DOCUMENT # **P98000008651**



1. Entity Name
Z-MAN SCREEN & ALUMINUM, INC.

Principal Place of Business
**800 E. ELKCAM CIRCLE, SUITE 2
MARCO ISLAND FL 34145**

Mailing Address
**800 E. ELKCAM CIRCLE, SUITE 2
MARCO ISLAND FL 34145**



2. Principal Place of Business
800 EAST ELKCAM CIRCLE
Suite, Apt. #, etc. **2**

3. Mailing Address
800 EAST ELKCAM CIRCLE
Suite, Apt. #, etc. **2**

CHECK HERE IF MAKING CHANGES

City & State
MARCO ISLAND FL

City & State
MARCO ISLAND FL

4. FEI Number **59-3494584**

Applied For
 Not Applicable

Zip **34145** Country **USA**

Zip **34145** Country **USA**

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

**DORIGAN, CHARLES L
825 WILDWOOD LN
NAPLES FL 34105**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORIGAN, CHARLES 825 WILDWOOD LANE NAPLES FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (4/03)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/28/03** Daytime Phone # **6420048**