

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90144 003 ***150.00

DOCUMENT # P98000038495

1. Entity Name
MALONE'S SHUTTERS/MILLWORK CO., INC.



Principal Place of Business
**4073 8TH AVENUE SOUTH
ST. PETERSBURG FL 33711**

Mailing Address
**4073 8TH AVENUE SOUTH
ST. PETERSBURG FL 33711**

2. Principal Place of Business

4105 8th Ave S
Suite, Apt. #, etc.

3. Mailing Address

4105 8th Ave S
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

St. Pete FL

City & State

St. Pete FL

4. FEI Number

59-3506930

Applied For

Not Applicable

Zip

33711

Country

USA

Zip

33711

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MALONE, KATHRYN A
4073 8TH AVENUE SOUTH
ST. PETERSBURG FL 33711**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MALONE, MICHAEL S
4073 8TH AVENUE SOUTH
ST. PETERSBURG FL 33711** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVTS
MALONE, KATHRYN A
4073 8TH AVENUE SOUTH
ST. PETERSBURG FL 33711** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MALONE, Michael S
4105 8th Ave S
St. Petersburg FL 33711** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVTS
Malone, Kathryn A
4105 8th Ave S
St. Petersburg, FL 33711** ☒ Change ☐ Addition

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

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

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

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

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
Kathryn A Malone

Date

Daytime Phone #

CR2ED34 (10/02)