

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040232

1. Entity Name

WINDOWS UNLIMITED, INC.

Principal Place of Business

513 SW FIRST CT
CRYSTAL RIVER FL 34429
US

Mailing Address

513 SW FIRST CT
CRYSTAL RIVER FL 34429
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3512936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, E. KEITH
513 SW FIRST CT
CRYSTAL RIVER FL 34429

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.

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, 2001 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 P
NAME MILLER, E. KEITH
STREET ADDRESS 513 SW FIRST CT
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

TITLE V
NAME MILLER, KACIE L
STREET ADDRESS 513 S.W. FIRST CT
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

TITLE S
NAME MILLER, LINDSEY K
STREET ADDRESS 513 S.W. FIRST CT
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

E. KEITH MILLER

4/2/01

352/795-8772

Date

Daytime Phone #

CR2E034 (10/00)

0648848

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90064 031 ***150.00



DO NOT WRITE IN THIS SPACE