

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90227 036 \*\*\*150.00

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**DOCUMENT # P98000052517**

1. Entity Name  
**AMERICAN SHUTTERS & AWNINGS, INC.**



Principal Place of Business  
**18361 NE 4TH CT.  
NORTH MIAMI BEACH FL 33179  
US**

Mailing Address  
**18361 NE 4TH CT.  
NORTH MIAMI BEACH FL 33179  
US**

2. Principal Place of Business  
**1802 E 9th St.**

3. Mailing Address  
**1802 E 9th St.**

Suite, Apt. #, etc.  
**Lehigh Acres**  
City & State  
**FLORIDA**

Suite, Apt. #, etc.  
**Lehigh Acres**  
City & State  
**FLORIDA**

Zip  
**FL 33972** Country  
**Lee**

Zip  
**33972** Country  
**Lee**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0848176** Applied For  
Not Applicable

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

**WOLNIK, HUBERT  
18361 NE 4TH CT  
NORTH MIAMI BEACH FL 33179**

Name  
**HUBERT WOLNIK**  
Street Address (P.O. Box Number is Not Acceptable)  
**1802 E 9th St.**  
**Lehigh Acres**  
City  
**FL** Zip Code  
**33972**

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 *Hubert Wolnik*

4/10/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FREE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVT WOLNIK, HUBERT 18361 NE 4TH CT NORTH MIAMI BEACH FL 33179</b>	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Hubert Wolnik*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 239-369 6559  
Date Daytime Phone #

CR2E034 (10/02)