

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069823

1. Entity Name

CUSTOM WINDOWS, INCORPORATED

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90064 001 ***150.00

Principal Place of Business

Mailing Address

1404 EASTPORT ROAD
JACKSONVILLE FL 32218

P.O. BOX 28238
JACKSONVILLE FL 32226-8238

2. Principal Place of Business

8802 Corporate Sq. Ct.

3. Mailing Address

P.O. Box 28238

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#203 - Unit

City & State

Jacksonville, FL

City & State

Jacksonville, FL 32206

Zip

32216

Country

Duval

Zip

32226

Country

Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3527020

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

WAGNER, DAVID J

13660-1 LANIER ROAD 13659 Dunn Cr. Rd.
JACKSONVILLE FL 32223 32218

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WAGNER, DAVID J	
STREET ADDRESS	1404 EASTPORT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAMMOND, LORETTA L	
STREET ADDRESS	1404 EASTPORT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

(904) 222-0333

Daytime Phone #

CR2E034 (9/99)