CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000069823

1. Entity Name

CUSTOM WINDOWS, INCORPORATED



FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90248 016 ***150.00

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ł	A KERATERA DIN ANTOL DADIK NORTH ARKIN NORTH NORTH BALLA BULLA ANTOL HARRA ANTOLES

Principal Place of Business 13659 DUNN CREEK RD JACKSONVILLE FL 32218				Mailing Address P.O. BOX 28238 JACKSONVILLE FL 32226									
2. Principal Place of Business			3. Ma	3. Mailing Address							i i i 144 iliki 1001		
Suite, Apt, #, etc.			Suit	Suite, Apt. #, etc.				. CHECK HERE IF MAKING CHANGES					
City & State			City	City & State			4 . F	4. FEI Number 59-3527020			Applied For Not Applicable		
Zip	Zip Country			Zip Count			5. (dditional red		
6. Name and Address of Current Registered Agent							7. 1	lame and Address of New Rec	stered	Agent			
						Name							
WAGNER,	DĀVID J.	الوسا المحجدية محميها	The Company of the	Ctroat Ad				ess (P.O. Box Number is Not Acceptable)					
13659 DUNNS CREEK RD JACKSONVILLE FL 32218				Street Address			adress (P.O. b	ox Number is Not Acceptable)					
WONDOWNELL TE SZETO				City					FL	Zip Cod	de		
the obligat	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 and	plicable (NOTE	E: Begistere	d Agent signet	ure required when re	instating)	DATE				
·				The above	1 logisteroc	- Agent agricul	ore required when re	installing/	DAIL				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							 Election Campaign Finar Trust Fund Contribution. 	ncing [\$ 5.0 Adde	00 May Be ed to Fees			
10.		OFFICERS	AND DIRECTO	E	11.		AD	DITIONS/CHANGES TO OFFIC	ERS ANI	DIRECTOR	RS IN 11		
TITLE	PD			☐ Delete	TITLE					☐ Change			
NAME	WAGNER,	DAVID J		_ 37.4.5	NAME	E				_ "			
STREET ADDRESS		NNS CREEK RD			STRE	ET ADDRESS							
CITY-ST-ZIP	JACKSON\	/ILLE FL 32218			CITY-	-ST-ZIP							
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NAME	HAMMONE), LORETTA L			NAME	E !							
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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 en 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. with an address with all other like empowered.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR