2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90033 009 ***555.00

DOCUMENT #

1. Entity Name

Marco Island Windows, Inc.

Principal Place of Business	Mailing Address
20 Marco Lake Drive, #3 Marco Island, FL 34145	P.O. Box 2122 Marco Island, FL 34146

659743

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20 Marco Lake Drive	P.O. Box 2122
Suite, Apt. #, etc.: #3	Suite, Apt. #, etc.:
City & State: Marco Island, Florida	City & State: Marco Island, Florida
Zip: 34145 Country: US	Zip: 34146 Country: US

4. FEI Number: 59-3530509 ☐ 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
Frank, Ann T. 2124 Airport Road South, Suite 102 Naples, Florida 34112	Name: Jerald R. Pitkin, Esq. Street Address (P.O. Box Number is Not Acceptable): 801 Anchor Rode Drive, Suite 203 City: Naples **FL** Zip Code: 34103

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 _____ 5-9-01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Betty L. Gillespie 277 N. Collier Boulevard Marco Island, Florida 34145 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Charles M. Wilson 20 Marco Lake Drive, #3 Marco Island, Florida 34145 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ronald W. Gillespie 277 N. Collier Boulevard Marco Island, Florida 34145 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Charles M .Wilson 20 Marco Lake Drive, #3 Marco Island, Florida 34145 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Charles M. Wilson 20 Marco Lake Drive, #3 Marco Island, Florida 34145 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Charles M. Wilson 20 Marco Lake Drive, #3 Marco Island, Florida 34145 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Betty L. Gillespie 1165 Shenandoah Court Marco Island, Florida 34145 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ronald W. Gillespie 1165 Shenandoah Court Marco Island, Florida 34145 ☐ Change ☒ Addition

CR2E034 (11/00)

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: _____ 5-9-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #