

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90436 014 ***150.00

DOCUMENT # P98000073978

1. Entity Name

MARCO ISLAND WINDOWS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20 MARCO LAKE DRIVE

3. Mailing Address
P.O. BOX 2122

Suite, Apt. #, etc.
#3

Suite, Apt. #, etc.

City & State
MARCO ISLAND, FLORIDA

City & State
MARCO ISLAND, FLORIDA

4. FEI Number
59-3530509

Applied For
☐ Not Applicable

Zip
34145

Country
US

Zip
34146

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

671237

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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 is hereby filing 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

Jerald R. Pitkin

4-30-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PS WILSON, CHARLES M. 20 MARCO LAKE DRIVE, #3 MARCO ISLAND, FLORIDA 34145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, CHARLES M. 20 MARCO LAKE DRIVE, #3 MARCO ISLAND, FLORIDA 34145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLESPIE, BETTY L. 1165 SHENANDOAH COURT MARCO ISLAND, FLORIDA 34145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLESPIE, RONALD W. 1165 SHENANDOAH COURT MARCO ISLAND, FLORIDA 34145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

04-30-02 389-6961

CR2E034B (12/01)