

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031084

1. Entity Name

NORTH PORT DOOR & WINDOW, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90046 007 ***150.00

Principal Place of Business

943 W. TARPON BLVD. NW
PORT CHARLOTTE FL 33952

Mailing Address

943 W. TARPON BLVD. NW
PORT CHARLOTTE FL 33952-4165

2. Principal Place of Business

1580 MARKET Circle Unit #5

Suite, Apt. #, etc.

Port Charlotte FL

City & State

3. Mailing Address

1580 MARKET Circle Unit #5

Suite, Apt. #, etc.

City & State

Port Charlotte Florida

4. FEI Number

65-0905622

Applied For

Not Applicable

Zip

33953-3833

Country

Charlotte

Zip

33953-3833

Country

Charlotte

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

FURMAN, DOUGLAS C
943 W. TARPON BLVD. NW
PORT CHARLOTTE FL 33952

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 owner ☐ Delete
NAME D
STREET ADDRESS FURMAN, DOUGLAS C
CITY-ST-ZIP 943 W. TARPON BLVD. NW
PORT CHARLOTTE FL 33952

TITLE officer ☐ Change ☒ Addition
NAME FURMAN Christopher D.
STREET ADDRESS 4045 Country meadows unit A-6
CITY-ST-ZIP Charlotte Harbor, FL, 33980

TITLE owner ☐ Delete
NAME D
STREET ADDRESS FURMAN, CHRISTINA
CITY-ST-ZIP 943 W. TARPON BLVD. NW
PORT CHARLOTTE FL 33952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Christina M. Furman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)