

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90163 012 ***150.00

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DOCUMENT # P99000031084

1. Entity Name
NORTH PORT DOOR & WINDOW, INC.



Principal Place of Business
**1580 MARKET CIRCLE UNIT 5
PORT CHARLOTTE FL 33953-3833**

Mailing Address
**1580 MARKET CIRCLE UNIT 5
PORT CHARLOTTE FL 33953-3833**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0905622**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Christina M. Furman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/7/2003
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FURMAN, DOUGLAS C**
STREET ADDRESS **1580 MARKET CIRCLE UNIT 5**
CITY-ST-ZIP **PORT CHARLOTTE FL 33953-3833**

TITLE **D** ☒ Change ☐ Addition
NAME **FURMAN DOUGLAS C** *mailing address*
STREET ADDRESS **1580 MARKET CIRCLE UNIT #5**
CITY-ST-ZIP **PORT CHARLOTTE FL 33953-3833** *address*

TITLE **S** ☐ Delete
NAME **CLARK, STEVEN F**
STREET ADDRESS **1580 MARKET CIRCLE UNIT 5**
CITY-ST-ZIP **PORT CHARLOTTE FL 33953-3833**

TITLE **S** ☒ Change ☐ Addition
NAME **CLARK, STEVEN F.**
STREET ADDRESS **2569 ELKCAM BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **D** ☐ Delete
NAME **FURMAN, CHRISTOPHER**
STREET ADDRESS **4045 COUNTRY MEADOWS UNIT A6**
CITY-ST-ZIP **CHARLOTTE HARBOR FL 33980**

TITLE **D** ☒ Change ☐ Addition
NAME **FURMAN, CHRISTOPHER** *address*
STREET ADDRESS **2361 JAMAICA ST.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Christina M. Furman* / **CHRISTINA M. FURMAN** *owner* **1-941-255-3473**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)