

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2001 8:00 am**
Secretary of State

04-17-2001 90130 021 ***150.00

0388924

DOCUMENT # P99000049390

1. Entity Name

FLORIDA WOOD WINDOW & DOOR, NORTH, INC.

Principal Place of Business

**17311 ALICO CENTER RD., STE. E
FT. MYERS FL 33908**

Mailing Address

**17311 ALICO CENTER RD., STE. E
FT. MYERS FL 33908**

2. Principal Place of Business

5650 HALIFAX AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Myers FL

City & State

FT. Myers FL

Zip

33912

Country

Zip

Country

4. FEI Number

65-0930506

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SHANNON, DANIEL P
17311 ALICO CENTER RD., STE. E
FT. MYERS FL 33908**

7. Name and Address of New Registered Agent

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARABIE, CHARLES R	
STREET ADDRESS	9674 SPRINGRIDGE CIRCLE	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	VD	<input type="checkbox"/> Delete
NAME	IVY, JAMES T	
STREET ADDRESS	7123 EMILY DR.	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHANNON, DANIEL P	
STREET ADDRESS	6889 KIMBERLY TERR.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ESKILSEN, GARY L	
STREET ADDRESS	20589 ARMADA CT.	
CITY-ST-ZIP	ESTERO FL 33908	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BAKICH, RAYMOND	
STREET ADDRESS	5205 MYRTLE WOOD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-12-01

Daytime Phone #

941-437-6166

CR2E034 (10/00)