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UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082604

Entity Name

WE DO WINDOWS & HOME REPAIR SERVICES, INC. (R)

FILED
Jun 19, 2000 8:00 am
Secretary of State
05-08-2000 90161 005 ***150.00

Principal Place of Business	Mailing Address
RIDGE CREEK RD RATON FL 33496	9802 RIDGE CREEK RD BOCA RATON FL 33496-2123

Place of Business	3. Mailing Address
SAME AS ABOVE	SAME AS ABOVE
Apt #, etc.	Suite, Apt. #, etc. NONE
State BOCA RATON FLA	City & State BOCA RATON FLA
33496	Zip 33496 — Country USA

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0959176 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDMAN, GINNY L
190 NW SPANISH RIVER BLVD, SUITE 200
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PRESIDENT DAVID T ORFINGER 9802 RIDGECREEK RD. BOCA RATON FLA. 33496	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: _______ 4-26-00 (561) 487-6088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #