

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 APR 23 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 03-04**  
CHECK HERE IF MAKING CHANGES

**DOCUMENT # P99000085119**

1. Entity Name  
**OVERHEAD DOOR AND WINDOW COMPANY, INC.**

Principal Place of Business <b>825 W O MILE ROAD PENSACOLA FL 32534</b>	Mailing Address <b>825 W O MILE ROAD PENSACOLA FL 32534</b>
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2. Principal Place of Business <b>825 W 9 mile Rd</b>	3. Mailing Address <b>825 W 9 mile Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Pensacola, FL</b>	City & State <b>Pensacola, FL</b>
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Zip <b>32534</b>	Country <b>USA</b>	Zip <b>32534</b>	Country <b>USA</b>
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4. FEI Number <b>59-3622204</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TAHA, AMER M  
4001 STEFANI RD  
CANTONMENT FL 32533**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$650.00**  
After September 30, 2003 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D TAHA, AMER M 4001 STEFANI RD CANTONMENT FL 32533</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200033585852 04/22/04--01060--006 **350.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** ~~SIGNATURE REQUIRED~~ 4/19/04 850-969-9310

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

**OVERHEAD DOOR & WINDOWS COMPANY, INC.**

**825 W. 9 MILE RD. PENSACOLA, FL, 32534**

TEL. (850) 969-9010 FAX. (850) 474-1708

**TO: Florida Department Of State.  
Division OF Corporations.**

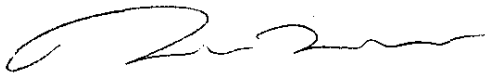
Dear Sirs,

**This is to inform you that we did not receive your Form (UBR) by mail, and when we checked on the Internet. We found out that our address on the net is: 825 W 0 Mile Rd, Pensacola fl-32534. And the Correct Address is:**

**825 W 9 Mile Rd. Pensacola, FL 32534.**

**Therefore, We should not be charged a late fee.**

**Best Regards,**



**Amer Taha**