

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91468 003 ***150.00

DOCUMENT # S02570

1. Entity Name

WILLIE'S WINDOWS, INC.

Principal Place of Business

**1145 ENTERPRISE DR.
 PORT CHARLOTTE FL 33953-3817**

Mailing Address

**P.O. BOX 6053
 PORT CHARLOTTE FL 33949**

2. Principal Place of Business

3. Mailing Address

3980 Alibi Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

North Port FL

Zip

Country

Zip

Country

34286

4. FEI Number

65-0222569

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

**NOLAN, WILLIAM
 1190 MCCRORY ST
 NORTH PORT FL 34287**

Name **WILLIAM NOLAN**

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

3980 Alibi Tr

City

North Port

FL

Zip Code

34286

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

4/6/02

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, 2002 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 ☐ Delete
 NAME **PST**
 STREET ADDRESS **NOLAN, WILLIAM**
 CITY-ST-ZIP **1190 MCCRORY ST
 NORTH PORT FL 34287**

TITLE ☒ Change ☐ Addition
 NAME **Pres WILLIAM NOLAN**
 STREET ADDRESS **3980 Alibi Tr**
 CITY-ST-ZIP **North Port FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/02

Date

941-426 0640

Daytime Phone #

CR2E034 (9/01)