

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State
 03-01-2000 90089 002 ***150.00

DOCUMENT # S92329

1. Entity Name

ALENCO SYSTEMS, INC.

Principal Place of Business

Mailing Address

14750 BEACH BLVD. #79
 JACKSONVILLE FL 32250

14750 BEACH BLVD. #79
 JACKSONVILLE FL 33711-4452

2. Principal Place of Business

4440 46th Ave So

Suite, Apt. #, etc.

3. Mailing Address

4440 46th Ave So

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33711

Country

USA

City & State

St. Petersburg, FL

Zip

33711

Country

USA

4. FEI Number

59-3133981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MATTHES, WALTER L.
 14750 BEACH BLVD. #79
 JACKSONVILLE FL 32250**

7. Name and Address of New Registered Agent

Name

MATTHES, WALTER L.

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

4440 46th Ave So

City

St. Petersburg

FL

Zip Code

33711

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

Walter L. Matthes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/21/00

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, 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**

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | VTD | <input checked="" type="checkbox"/> Delete |
| NAME | MATTHES, WALTER L. | |
| STREET ADDRESS | 14750 BEACH BLVD #79 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32250 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | NEUMAN, ROGER BRUCE | |
| STREET ADDRESS | 4314 DARBY COURT | |
| CITY-ST-ZIP | CAPE CORAL FL 33904 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | VTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATTHES, WALTER L. | |
| STREET ADDRESS | 4440 46th Ave So | |
| CITY-ST-ZIP | St. Petersburg, FL 33711 | |
| 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:

Walter L. Matthes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00

Date

727 865-9397

Daytime Phone #

CR2E034 (9/99)