

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90126 001 \*\*\*150.00  
 04-24-2001 90126 002 \*\*\*\*\*8.75

**DOCUMENT # J68371**

1. Entity Name  
**BOB'S AUTO GLASS, INC.**

|  |   |
|--|---|
| Principal Place of Business<br>5000 LAKEWORTH RD.<br>LAKE WORTH FL 33463<br>US | Mailing Address<br>5921 WOODWARD CT.<br>LAKE WORTH FL 33463<br>US |
|--|---|

**38560**



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>4172 LAKEWORTH RD.</b><br>Suite, Apt. #, etc.<br><b>LAKE WORTH, FL 33463</b><br>City & State | 3. Mailing Address<br><b>4172 LAKEWORTH RD</b><br>Suite, Apt. #, etc.<br><b>LAKE WORTH, FL</b><br>City & State |
|---|--|

4. FEI Number **65-0004711** Applied For  
 Not Applicable

|                     |                              |                     |                              |
|---------------------|------------------------------|---------------------|------------------------------|
| Zip<br><b>33461</b> | Country<br><b>PALM BEACH</b> | Zip<br><b>33463</b> | Country<br><b>PALM BEACH</b> |
|---------------------|------------------------------|---------------------|------------------------------|

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

6. Name and Address of Current Registered Agent  
**TULLER, DENISE M.**  
**5921 WOODWIND CT**  
**LAKE WORTH FL 33463**

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

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PDT</b><br><b>TULLER, DENISE M</b><br><b>5921 WOODWIND CT</b><br><b>LAKE WORTH FL</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSD</b><br><b>TULLER, EDWARD P.</b><br><b>4318 MEDITERRANEAN RD</b><br><b>LAKE WORTH FL</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **Denise M. Tuller, Pres.** Date: **4-17-01** Daytime Phone #: **561-433-1965**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)