

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90128 044 ***150.00

DOCUMENT # K76663

1. Entity Name
ACCURATE FIBERGLASS, INC.

Principal Place of Business

Mailing Address

**211 DALE ST.
 EDGEWATER FL 32132
 VO**

**215 MAPLE ST
 P. O. BOX 599
 OAK HILL FL 32759-7599
 US**

00052957



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

220 DALE ST.
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2960293**

Applied For
 Not Applicable

EDGEWATER FL

Zip

Country

Zip

Country

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

32132

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPROLES, BILLY W.
 215 MAPLE STREET
 OAK HILL FL 32759**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SPROLES, BILLY W.	
STREET ADDRESS	215 MAPLE STREET	
CITY-ST-ZIP	OAK HILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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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: Billy W. Sproles
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 904-409-5730
 Date Daytime Phone #

CR2E034 (10/00)