2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State
02-22-2001 90128 024 ***150.00

DOCUMENT # M87319

1. Entity Name
CUSTOM GLASS TINTING OF LAKELAND, FL.

Principal Place of Business	Mailing Address
~~1322 GARY RD E~~ ~~LAKELAND FL 33801~~ ~~US~~	~~1322 GARY RD E~~ ~~LAKELAND FL 33801~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2179 E. Edgewood DR		2179 E. Edgewood DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Lakeland	
City & State: Lakland Fl		City & State: Lakland Fl	
Zip: 33803	Country: Polk	Zip: 33803	Country: Polk

4. FEI Number 59-2898125 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOYKIN, SUZANNA
1322 GARY RD
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name: Suzanna Boykin
Street Address (P.O. Box Number is Not Acceptable): 2179 E Edgewood DR
City: Lakland **FL** Zip Code: 33803

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: X Frank P. Boykin DATE: 2-19-01
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 NAME STREET ADDRESS CITY-ST-ZIP	D BOYKIN, FRANK P. 1322 GARY RD E LAKELAND FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYKIN, SUZANNA 1322 GARY RD E LAKELAND FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: X Frank P. Boykin 2-19-01 863-686-1879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #