## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 19, 2001 8:00 am Secretary of State DOCUMENT # P0000054109 CLERMONT GLASS, INC. 03-19-2001 90014 050 \*\*\*150.00 Mailing Address Principal Place of Business 699 S. HWY. 27 699 S. HWY, 27 CLERMONT FL 34711 CLERMONT FL 34711 817310 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOUCK STEPHEN D Street Address (P.O. Box Number is Not Acceptable) 699 S. HWY 27 CLERMONT FL 34711 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE □ Delete TITLE NAME HOUCK, STEPHEN D STREET ADDRESS STREET ADDRESS 2263 RIDGE AVE CITY-ST-ZIP CITY-ST-ZIP **CLERMONT FL 34711** ☐ Addition Change TITLE TITLE ☐ Delete NAME HOUCK, GINA NAME STREET ADDRESS STREET ADDRESS 2263 RIDGE AVE. CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Oelete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.