

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90064 029 \*\*\*150.00

**DOCUMENT # P00000054109**  
**1. Entity Name**  
**CLERMONT GLASS, INC.**

**Principal Place of Business**      **Mailing Address**  
**699 S. HWY. 27**      **699 S. HWY. 27**  
**CLERMONT FL 34711**      **CLERMONT FL 34711**

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

**4. FEI Number** **59-3652132**      **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**HOUCK, STEPHEN D**  
**699 S. HWY 27**  
**CLERMONT FL 34711**

*No Y Houck*

**7. Name and Address of New Registered Agent**  
**Name** **Stephen D. Houck**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**699 S. Hwy 27**  
**City** **CLERMONT**      **FL**      **Zip Code** **34711**

**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** *Stephen D. Houck*      **DATE** **1/14/02**  
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, 2002 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HOUCK, STEPHEN D</b>
STREET ADDRESS	<b>2263 RIDGE AVE</b>
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HOUCK, GINA</b>
STREET ADDRESS	<b>2263 RIDGE AVE.</b>
CITY-ST-ZIP	<b>CLERMONT-FL 34711</b>
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
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:** *Gina C. Houck*      **SIGNATURE REQUIRED** *Stephen D. Houck*      **DATE** **1/14/02**      **Daytime Phone #** **352-242-9111**

SECRET

CR2E034 (9/01)