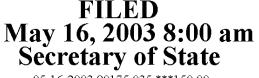
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P01000050546 **DOCUMENT #**



ABBS M	[™] IOBILE AUTO GLASS, INC	: .		05-16-2003 901/3 033 ****130.00	
	ce of Business HOWER DRIVE _ 34691	Mailing Address 2632 ALMOND DR HOLIDAY FL 34691			ĺ
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2. Principal F	Place of Business	3. Mailing Address	· *	C REGULATE HEL CARRES CHAIR BERN BOOK BERN BOILD BIRD BIRD BIRD BIRD BIRD BIRD BIRD BIR	IT FEET
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	. CHECK HERE IF MAKING CHANGES	
City & Stat	ee	City & State		4. FEI Number 59-3723877 Applied Fe Not Applie	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent	
ARRDICA	NON, GENE	m and the second	Name Ge	ne Abbriano	= _= =
	MOND DR		Street Address	(P.O. Box Number is Not Acceptable)	7
	Y FL 34691		120/	0 34191	
۳			City	FL Zip Code	\dashv
8. The above	named entity submits this statement	for the purpose of changing	its registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and acc	cept
the obligat	tions of registered agent.			-	
SIGNATURE .	& fene allen		*		.
	Signature, typed or printed name of registered age	nt and title it applicable. (N	OTE: Registered Agent signature require	ed when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			,	9. Election Campaign Financing \$5.00 May Trust Fund Contribution.	
10.	OFFICERS AN		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Ad	dition
					1.
NAME STREET ADDRESS	ABBRIANO, GENE		NAME - STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP	ABBRIANO, GENE 2632 ALMOND DR HOLIDAY FL 34691		STREET ADDRESS CITY-ST-ZIP		
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #