2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-02-2003 90055 038 ***158.75
P02000122049
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 15 AM 7:16

DOCUMENT # P02000122049

1. Entity Name: Custom Solar and Safety Glass Tinting, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
150 Industrial Park Rd.	150 Industrial Park Rd.
Suite, Apt. #, etc.: Suite 1	Suite, Apt. #, etc.: Suite 1
City & State: Destin, Florida	City & State: Destin, Florida
Zip: 32541 Country: Okaloosa	Zip: 32541 Country: Okaloosa

DO NOT WRITE IN THIS SPACE

4. FEI Number: 02-0676802 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Antonia M. Bjornson

Street Address (P.O. Box Number is Not Acceptable): 807 Pine Street

City: Destin FL Zip Code: 32541

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Antonia M. Bjornson Antonia M. Bjornson, President 03-14-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/T/S/C
NAME	Antonia M. Bjornson
STREET ADDRESS	807 Pine Street
CITY-ST-ZIP	Destin, Fl 32541
TITLE	V/D/M
NAME	David F. Bjornson
STREET ADDRESS	807 Pine Street
CITY-ST-ZIP	Destin, Fl 32541

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Antonia M. Bjornson Antonia M. Bjornson 03-14-03 (850)650-8468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/15/04 AP