2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P95000049458

1. Entity Name

ALLSTAR GLASS INC.



FILED Feb 06, 2003 8:00 am \$ Secretary of State ...

02-06-2003 90117 020 ***150.00

Country Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Floor Required S8.75 Additional Floor Floor Floor Required S8.75 Additional Floor Fl	OVIEDA FL 32 US	LIA BLOOM TERRACE	Mailing Address 5721 MAGNOLIA BLOOM TERRACE OVIEDO FL 32765 US 3. Mailing Address								
City & State City & State City & State Country Country 2p Country 5. Centricate of Status Decided 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7											
Spring S	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
Country Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Floor Required S8.75 Additional Floor Floor Floor Required S8.75 Additional Floor Fl	City & Stat	е	City & State			4 . F	4. FEI Number 59-3319481 Applied For Not Applicable				
DEMARZO, CHRISTY D 5721 MACNOLIA BLOOM TERRACE OWEDO FL 32765 8. The above named antity submits this statement for the purpose of changing its registered agent, or born, in the State of Florida. I am lamilar with, and accept the collegations of registered agent, or port, in the State of Florida. I am lamilar with, and accept the collegations of registered agent, or port, in the State of Florida. I am lamilar with, and accept the collegations of registered agent, or port, in the State of Florida. I am lamilar with, and accept the collegations of registered agent, or port, in the State of Florida. I am lamilar with, and accept the collegations of registered agent, or port, in the State of Florida. I am lamilar with, and accept the collegations of registered agent, or port, in the State of Florida. I am lamilar with, and accept the collegations of registered agent, or port, in the State of Florida. I am lamilar with, and accept the collegations of registered agent, or port, in the State of Florida. I am lamilar with, and accept the collegations of registered agent, or port, in the State of Florida. I am lamilar with, and accept the collegations of registered agent, or port, in the State of Florida. I am lamilar with, and accept the collegations of registered agent, or port, in the State of Florida. I am lamilar with, and accept the collegations of registered agent, or port, in the State of Florida. I am lamilar with, and accept the collegations of registered agent, or port, in the State of Florida. I am lamilar with, and accept the collegations of Florida agent agen	Zip	Country	Zip	Zip Country			5 Cartificate of Status Desired S8.75 Additional				
DEMARZO, CHRISTY D 5721 MAGNOLIA BLOOM TERRACE OVEDO FL 32765 City FL Zip Cods C		6. Name and Address of Current F	Registered Agent			7. N	lame and Address of New Regist				
STREET ADDRESS OTHER OFFI 32765 STREET ADDRESS OTH 32765 STREET ADDR				:	Name						
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agent. SIGNATURE Signature Page Pag	5721 MAG	SNOLIA BLOOM TERRACE	Street Address (I			s (P.O. Bo	P.O. Box Number is Not Acceptable)				
## Title NAME Debete Title NAME Title NAME Debete Title NAME	OVIEDO F	L 32765									
SIGNATURE Squalum, typind or printed name of registered agent and the risplacable. NOTE: Registered Agent signature required when reinstating) DATE					City			FL	Zip Code	9	
SIGNATURE Signature, Typed or presided name of registered agent and title it applicable. (NOTE Registered Agent signature required when retrieval or president and agent and title it applicable. (NOTE Registered Agent signature required when retrieval or president and agent and title it applicable. (NOTE Registered Agent signature required when retrieval or president agent and title it applicable. (NOTE Registered Agent signature required when retrieval or president agent and title it applicable. (NOTE Registered Agent signature required when retrieval or president agent and title it applicable. (NOTE Registered Agent signature required when retrieval or president agent and title it applicable. (NOTE Registered Agent signature required when retrieval or president agent and title it applicable. (NOTE Registered Agent signature required when retrieval or president agent and title it applicable. (NOTE Registered Agent signature required when retrieval or president agent and title it applicable. (NOTE Registered Agent signature required when retrieval or president agent and title it applicable. (NOTE Registered Agent signature required when retrieval or president agent and title it applicable. (NOTE Registered Agent signature required when retrieval or president agent agent and title it applicable. (NOTE Registered Agent signature required when retrieval agent	8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	d office or regist	tered age	ent, or both, in the State of Florida.	I am far	niliar with, a	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE .										
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP DEMARZO, RALPH STAZI MAGNOLIA BLOOM TERRACE OVIEDO FL 32765 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete NA		Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	E: Registered	Agent signature requir	red when rei	nstating) [DATE			
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NAME STREET ADDRESS CITY-ST-ZIP 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	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with		NAME STREET CITY-S	ST-ZIP	Section 1	.19 07/3)(i) Florida Statutas I furth		- v	Addition	

of the corporation or the receiver of trustee and man the second by Sphalline Shan have the same legal effect as it made under oath; that I am an officer of director of the corporation or the receiver of 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:

Date

Daytime Phone #