

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90440 033 ***150.00

DOCUMENT # **P98000018182**

1. Entity Name
Reliable GLASS INC. DBA
GLASS DOCTOR

Principal Place of Business Mailing Address
3520 CONSUMER ST **PO BOX 10645**
33419

00101040

2. Principal Place of Business Suite, Apt. #, etc. **4**

3. Mailing Address Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Riviera Beach FL**

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4. FEI Number **65-0818637**
 Applied For Not Applicable

Zip **33404** Country **Palm Beach**

Zip **33419** Country **PALM-Beach**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name **Stanley Chitoff**
 Street Address (P.O. Box Number is Not Acceptable) **15220 CEDAR BLUFF PLACE**
 City **WELLINGTON** FL Zip Code **33414**

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 **Stanley G. Chitoff Pres.** *[Signature]* **4/27/2000**
 (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, 2000 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 | P+D <input type="checkbox"/> Delete |
| NAME | STANLEY G CHITOFF |
| STREET ADDRESS | 15220 CEDAR BLUFF PLACE |
| CITY-ST-ZIP | WELLINGTON, FL 33414 |
| TITLE | S+T+D <input type="checkbox"/> Delete |
| NAME | DENNIS D DUDASH |
| STREET ADDRESS | 937 GUSTA POINT DR |
| CITY-ST-ZIP | PALM BEACH GARDEN, FL 33418 |
| 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 | |
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| 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 affidavit, with all other like empowered.

SIGNATURE: *[Signature]* **4/27/2000** **1-561-863-5363**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)