

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90065 049 ***150.00

DOCUMENT # 177133

1. Entity Name

WESTSHORE GLASS CORP.

Principal Place of Business

**5300 WEST KNOX STREET
 POST OFFICE BOX 15216
 TAMPA FL 33684**

Mailing Address

**5300 WEST KNOX STREET
 POST OFFICE BOX 15216
 TAMPA FL 33684**

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 **59-0714718**

Applied For

Not Applicable

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

**ELOZORY, LIONEL
 5300 WEST KNOX STREET
 TAMPA FL 33684-2216**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **C**
ELOZORY, LIONEL
 STREET ADDRESS **16618 SEDONA DE AVILA**
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Change ☒ Addition
 NAME **S/T**
ELOZORY, DANIEL
 STREET ADDRESS **13811 SHADY SHORES DR.**
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☒ Delete
 NAME **S**
TELLES, LEANDRO
 STREET ADDRESS **10325 ORANGE GROVE DR.**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☒ Addition
 NAME **V**
ELOZORY, TODD
 STREET ADDRESS **11431 KNIGHTS GRIFFIN RD.**
 CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE ☒ Delete
 NAME **T**
HYMAN, DAVID
 STREET ADDRESS **PO BOX 1801**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **P**
BRUCCOUERE, RONALD
 STREET ADDRESS **504 CULLEN CT**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)