

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90296 042 ***158.75

DOCUMENT # 285744

1. Entity Name
BILL & LYNN'S GLASS & SHELVEING, INC.



Principal Place of Business
**6900 HERITAGE DR
SUITE B
PT ST LUCIE FL 34952
US**

Mailing Address
**6900 HERITAGE DR
SUITE B
PT ST LUCIE FL 34952
US**



2. Principal Place of Business
**4242 Bandy Blvd
Suite Apt. #, etc.
Fort Pierce FL**

3. Mailing Address
**4242 Bandy Blvd
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
34981-4733

City & State
Fort Pierce FL

4. FEI Number **59-1634003**

Applied For
Not Applicable

Zip Country
US

Zip Country
34981-4733 US

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

**MOUNTS, SUSAN E
550 NW TWYLITE TERR
PORT ST. LUCIE FL 34983**

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 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 Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME, STREET ADDRESS CITY-ST-ZIP	PTD MOUNTS, BILLY H 550 NW TWYLITE TERR PORT ST LUCIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MOUNTS, SUSAN W 550 NW TWYLITE TERR PORT ST LUCIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WORKMAN, DANIELLE R 352 DENNISON DRIVE FORT PIERCE FL 34982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of 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 Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN MOUNTS 1/13/03 772-460-2111

Date Daytime Phone #

CR2E034 (10/02)