## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

299690

1. Entity Name

COUNTRYSIDE GLASS & MIRROR, INC.



**FILED** Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90157 023 \*\*\*150.00

Principal Place of Business 1980 MAIN ST DUNEDIN FL 34698				Mailing Address 1980 MAIN ST DUNEDIN FL 34698									
2. Principal P	lace of Busin	ess	3. Mai	Mailing Address						0 (0)    0 <b>3</b>    0	DIEN BIEN BIE	II BIĞII QIBII IBBI	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State				4. FEI Number 59-1110745				pplied For ot Applicable	
Zip Country			Zip	Zip Cour			5	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of Curre	nt Registere	ed Agent			7	. Name and Ad	dress of New	Registered a			
<u> </u>		#l	<del></del> -			Name	1, 11,		<u>∳</u> 10 30 40	a - =			
MINER, RICHARD				Street Address			Idrass (PA	(P.O. Box Number is Not Acceptable)					
774-374 ANNE DRIVE						Officer Address (1.5. Box Harrison to Not Acceptable)							
DUNEDI	N FL 34698												
						City			•	FL	Zip Cod	de	
P The above	named antity	submits this statement	for the pure	oco of obanging ite	rogietoro	nd office or	rogistored	agent or both	in the State of F		familiar with	and accept	
	ions of regist		ioi tile baib	lose of changing its	registere	d onice or	registered	agent, or both,	in the State of t	ionaa. Tani	CONTINUE THUS	and accept	
OLONIATURE												ļ	
SIGNATURE .	Signature, typed	or printed name of registered age	ent and title if app	licable. (NOTE	Registered	Agent signatu	re required whe	en reinstating)	:	DATE			
After	May 1, 200	FEE IS \$150.00 Fee will be \$550.0 Florida Department							on Campaign F Fund Contribut	~ ~		00 May Be d to Fees	
10.		OFFICERS AN		irs	11.			L ADDITIONS/CH	IANGES TO OF	FICERS AND	DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINER, F 774 ST. DUNEDIN	RICHARD ANNE DRIVE		☐ Delete	TITLE NAME STREE						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		(ENNETH INN DRIVE		Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	455 ALT	RICK, LEE 19 N. ARBOR FL		Delete		}		- • • •	, g. <del></del>		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILL, DIO 1215 RO DUNEDIN	yal oak dr.		☐ Delete		1			i		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	774 ST.	ELIZABETH ANNE DRIVE I FL 34698		☐ Delete			٠.		i i		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		□ Delete							☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

-15-03

Daytime Phone #