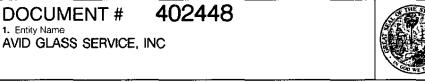
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

AVID GLASS SERVICE, INC.





FILED Apr 17, 2003 8 Secretary of S

04-17-2003 90217 039 ***150.00

:00 am	0093024
State	8

Principal Place of Business Mailing Address 4420 \$ HOPKINS AVE. 4420 \$ HOPKINS AVE. TITUSVILLE FL 32780 TITUSVILLE FL 32780 US										
2. Principal Place of Business 3.			3. Ma	J. Mailing Address				L 1881)) 33 FF), 85418 (1812 0181) 8180) 2841 81814 81814 81811 81814 8171) 81817 1831		
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State			City	City & State			4.	FEI Number 59-1397845 Applied For Not Applicable		
Zip		Country	Zip		Count	try	5.	Certificate of Status Desired Sa.75 Additional Fee Required		
	6. Name	and Address of Curre	nt Registere	ed Agent	~ ~ .		7.	Name and Address of New Registered Agent		
STONER, GARY 1645 THORTON AVE TITUSVILLE FL 32780				Name Street Address (P.O. Box Number is Not Acceptable)						
					•	City		FL Zip Code		
the obligati	named entity ions of regist		t for the purp	oose of changing its	registere	ed office ar	registered ag	gent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title if app	olicable. (NOTE	Registered	Agent signatu	re required when re	reinstating) DATE		
After	May 1, 200	FEE IS \$150.00 3 Fee will be \$550.0 Florida Department				,		9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees		
10. 4.		OFFICERS AN	ND DIRECTO	PRS	11.		ΑC	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STONER, 1645 THO TITUSVILLI			□ Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PAMELA RNTON AVE E FL 32780		☐ Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		er kan y i a menener i	- -	⊡ Delete - ~	NAME STREE		लाचन ४∶	Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ET ADDRESS ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		ET ADDRESS ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		information pumplied		Delete	CITY-	T ADDRESS ST-ZIP	,	Change Addition		

Thereby 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:

SIGNATURE AND THE OR PRINTED HAME OF STENING OFFICER OR DIRECT