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

## DOCLIMENT #

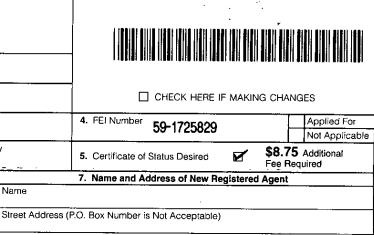
PALAZZO, DENISE A

366 S.E 3RD COURT --POMPANO BEACH FL 33060

1. Entity Name GLASS & ESTIMATING CORP.				02-24-2003 902
Principal Place of 1116 N.E. FLAGLE FT. LAUDERDALE	R DRIVE	Mailing Address 1116 N.E. FLAGI FT. LAUDERDALI	er drive	
2. Principal Place of Business		3. Mailing Addres	ss	
Suite, Apt. #, etc.		Suite, Apt. #, e	tc.	CHECK HERE IF MA
City & State		City & State		4. FEI Number 59-1725829
Zip	Country	Zip	Country	5. Certificate of Status Desired
,	<ol><li>Name and Address of Cu</li></ol>	rrent Registered Agent		7. Name and Address of New Register

**FILED** Feb 24, 2003 8:00 am Secretary of State

50 048 \*\*\*158.75



Zip Code

1 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.

Name

City

- A. C.		THE RESERVOIS !	legistered Agent signar	ature required when religiating)
Make:Chec	FILE NOW!!! FEE IS \$150.00 in May 1, 2003 Fee will be \$550.00 k Payable to Figrida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND DIRECTORS	•	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE*  NAME  STREET ADDRESS  CITY-ST-ZIP	PST PALAZZO, DENISE A 366 SE 3RD COURT POMPANO BEACH FL 33060	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PALAZZO, ANDREW J 366 SE 3RD COURT POMPANO BEACH FL 33060	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	The second terms of the second	Delete -	TITLE	Change C 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 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.

NAME

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP