

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90132 039 ***150.00

DOCUMENT # 543170

1. Entity Name
SPECIALTY GLASS, INC.

Principal Place of Business
**305 MARLBOROUGH STREET
 OLDSMAR FL 34677**

Mailing Address
**305 MARLBOROUGH STREET
 OLDSMAR FL 34677**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1767085**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MORRISSETTE, COLLEEN G
 305 MARLBOROUGH STREET
 OLDSMAR FL 34677**

Name **COLETTE DOYLE**

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

305 Marlborough St

City **Oldsmar**

FL

Zip Code **34677**

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 *Colleen G. Morrisette* **COLETTE DOYLE VPAS 2/20/01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **2/20/01**

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, 2001 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 **PDCE**
 STREET ADDRESS **JUSTI, HENRY M**
 CITY-ST-ZIP **1030 OLD GULPH RD.
 BRYN MAWR PA 19010**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4000 Columbia Street**
 CITY-ST-ZIP **Linwood, PA**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **MORRISON, STEPHEN H**
 CITY-ST-ZIP **11 COCHRAN DR.
 COATESVILLE PA-19320**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **4000 Columbia Street**
 CITY-ST-ZIP **Linwood, PA**

TITLE ☐ Delete
 NAME **PDC**
 STREET ADDRESS **MORRISSETTE, COLLEEN G**
 CITY-ST-ZIP **909 WOODLAND DRIVE
 PALM HARBOR FL 34683**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **305 Marlborough Street**
 CITY-ST-ZIP **Oldsmar, FL**

TITLE ☐ Delete
 NAME **VPAS**
 STREET ADDRESS **DOYLE, COLETTE F**
 CITY-ST-ZIP **1703 WINSLOE DR
 NEW PORT RICHEY FL 34655**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **305 Marlborough Street**
 CITY-ST-ZIP **Oldsmar, FL**

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: *Colette Doyle* **Colette Doyle 2/20/01 813-855-5779**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)