

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91784 005 ***150.00

DOCUMENT # 543394

1. Entity Name

PROFESSIONAL GLASS, INC.

Principal Place of Business

**11203 SHELDON ROAD
 P. O. BOX 260068
 TAMPA FL 33685**

Mailing Address

**11203 SHELDON ROAD
 P. O. BOX 260068
 TAMPA FL 33685**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1762998

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **PA**

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, H.B.
 10715 DALTON AVE.
 TAMPA FL 33615**

7. Name and Address of New Registered Agent

Name **STANLEY W. BAKER**

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

6005 ADAGIO LANE

City **APOLLO BEACH**

FL

Zip Code **33572**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE **VD** ☐ Delete
 NAME **BAKER, STANLEY**
 STREET ADDRESS **7504 N. OLA**
 CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☒ Delete
 NAME **SMITH, H. B.**
 STREET ADDRESS **10715 DALTON AVENUE**
 CITY-ST-ZIP **TAMPA FL**

TITLE **TSD** ☐ Delete
 NAME **CURTIS, BETTY D.**
 STREET ADDRESS **13414 STARFISH DRIVE**
 CITY-ST-ZIP **HUDSON FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6005 ADAGIO LANE**
 CITY-ST-ZIP **APOLLO BEACH FL. 33572**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **VD WEST, Kathy M.**
 STREET ADDRESS **1463 WINDJAMMER LOOP**
 CITY-ST-ZIP **LUTZ, FL. 33549**

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)