2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # 548265** SOUTHERN PLATE GLASS, INC. 02-01-2001 90116 046 ***150.00 Principal Place of Business Mailing Address 3372 PHILLIPS HIGHWAY 3372 PHILLIPS HIGHWAY JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt! #, etc. Applied For City & State City & State 4. FEI Number 59-1771689 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEPRELL, SAMUEL Street Address (P.O. Box Number is Not Acceptable) **SUITE 1500** 1301 GULF LIFE DRIVE JACKSONVILLE FL 32207 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PTD Change TITLE ☐ Delete THILE GRIFFIS, W L NAME NAME STREET ADDRESS 3372 PHILLIPS HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Change ☐ Addition ☐ Delete TITLE HUDSON, JOANNE M NAME NAME STREET ADDRESS STREET ADDRESS 3372 PHILLIPS HIGHWAY CITY-ST-7IP JACKSONVILLE FL CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED