

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90082 032 ***150.00

DOCUMENT # 567001

1. Entity Name
JAX BEACH GLASS COMPANY, INC.

Principal Place of Business
**532 SOUTH THIRD STREET
 JACKSONVILLE BEACH FL 32250**

Mailing Address
**532 SOUTH THIRD STREET
 JACKSONVILLE BEACH FL 32250**

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 **59-1803394**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLLINS, DENNIS L
 532 SOUTH THIRD ST
 JACKSONVILLE BEACH FL 32250**

Name

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

City

FL

Zip Code

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 **DENNIS L. COLLINS**

2-18-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, JOY B.	
STREET ADDRESS	532 18TH AVENUE NORTH	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, DENNIS L.	
STREET ADDRESS	532 SOUTH THIRD ST	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COLLINS, JOY B.	
STREET ADDRESS	532-18th AVENUE NORTH	
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COLLINS, DENNIS L.	
STREET ADDRESS	532-18th South THIRD ST	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGE R. PARNABY JR.	
STREET ADDRESS	532-18th South THIRD ST	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **DENNIS L. COLLINS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02
 Date

904-246-8289
 Daytime Phone #

CR2E034 (9/01)