

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90116 021 ***150.00

J 2 0 4 0 V



DO NOT WRITE IN THIS SPACE

DOCUMENT # 850196

1. Entity Name

STAINED GLASS OVERLAY, INC.

Principal Place of Business

**1827 N CASE ST
ORANGE CA 92665**

Mailing Address

**1827 N CASE ST
ORANGE CA 92665**

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 **95-3805418**

Applied For

Not Applicable

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****CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VPD	POPE, SUSAN L	1827 N. CASE STREET	ORANGE CA 92665				
D	CHASE, CHARLES E.	1140 VALLEY FORGE RD	VALLEY FORGE PA 19482				
D	ROGERS, STEVEN S.	5397 EGLINTON AVE W	ETOBICOKE, ONTARIO CANADA M9C -5K6				
STD	CLEMENTS, PAUL W	5397 EGLINTON AVE. W	ETOBICOKE, ONTARIO CANADA M9C -5K6				
PD	CASSIDY, MICHAEL A	1827 N. CASE ST	ORANGE CA 92665				

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

Feb 22/01

Date

800 944 47 96

Daytime Phone #

CR2E034 (10/00)