2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 854377 May 16, 2000 8:00 am Secretary of State GENERAL GLASS EQUIPMENT COMPANY 05-16-2000 90180 037 ***150.00 Principal Place of Business Mailing Address 311 ABSECON BLVD. 311 ABSECON BLVD. ABSECON NJ 08201 ABSECON NJ 08201 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 21-0657821 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ELLIS, STEPHEN F. Street Address (P.O. Box Number is Not Acceptable) 46 NORTH WASHINGTON BLVD. #5 SARASOTA FL 33577 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) 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 Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE CBO ☐ Delete TITLE PLUMBO, LOUIS NAME STREET ADDRESS STREET ADDRESS 1660 JUNIPER DRIVE CITY-ST-ZIP CITY-ST-ZIP **VENICE GARDENS FL** ☐ Delete Change ☐ Addition PCO 1 TITLE TITLE PLUMBO, VICTOR A., II NAME NAME STREET ADDRESS 100 S. Philadelphia Avenue STREET ADDRESS 511 N DOUGLAS AVE. CITY-ST-ZIP CITY-ST-ZIP Ventnor, NJ 08406 MARGATE NJ ☐ Change Addition ☐ Delete TITLE TITLE DOMINICO, FRANK A. NAME NAME STREET ADDRESS STREET ADDRESS 255 W COLOGNE-PT RPLC RD CITY-ST-7IP CITY-ST-ZIP EGG HARBOR NJ ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE: ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ice President & Treasurer

of the corporation or the rec changed, or on an attachmen

13. Thereby 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 trusted afficiency of the corporation of the receiver or trusted afficiency of the corporation of the receiver or trusted afficiency of the corporation of the receiver or trusted afficiency of the corporation of the receiver or trusted afficiency of the corporation of the receiver or trusted afficiency of the corporation of the receiver o