

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0043897 AV

DOCUMENT # F85178

1. Entity Name
TALLAHASSEE GLASS & SCREEN, INC.

04-08-2002 90250 020 ***150.00

Principal Place of Business
1134 W ORANGE AVE
TALLAHASSEE FL 32310-6127

Mailing Address
1134 W ORANGE AVE
TALLAHASSEE FL 32310-6127

2. Principal Place of Business
913 Alliegood Ct

3. Mailing Address
913 Alliegood Ct

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL

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Tallahassee, FL

4. FEI Number **59-2201099**

Applied For
 Not Applicable

Zip **32303-4659** Country **USA**

Zip **32303-4659** Country **USA**

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

WUJCIK, TRACY W
913 ALLIGOOD DR
TALLAHASSEE FL 32303

Name

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

913 Alliegood Ct

City **Tallahassee** **FL** Zip Code **32303-4659**

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 fee if applicable. (NOTE: Registered Agent signature required when reissuing) DATE: _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **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 NAME STREET ADDRESS CITY-ST-ZIP	PTD WUJCIK, TRACY W 913 ALLIGOOD DR TALLAHASSEE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WUJCIK, FOWLER 913 ALLIEGOOD DRIVE TALLAHASSEE FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 913 Alliegood Ct Tallahassee, FL 32303-4659
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Tracy W. Wujcik* **Tracy W. Wujcik** **4/14/02** **(850) 386-4339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)