

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005770

1. Entity Name

EBONY GLASS & MIRROR COMPANY

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90106 032 ***158.75

Principal Place of Business

4251 EAST SIDE DRIVE
DECATUR GA 30034
US

Mailing Address

P.O. BOX 361529
DECATUR GA 30036-1529
US

2. Principal Place of Business

4251 East Side Drive
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Decatur, GA

City & State

Decatur, GA

4. FEI Number

58-1668152

Applied For

Not Applicable

Zip

Country

30034 United States

Zip

Country

30034 United States

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERKINS, JACK
132 E. COLONIAL, STE. 211
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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, 2000 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

TITLE CP
NAME QUEEN, ARTHUR
STREET ADDRESS 3993 WINTER SUITE DR.
CITY-ST-ZIP DECATUR GA 30034 ☐ Delete

TITLE ST
NAME QUEEN, SANDRA
STREET ADDRESS 3993 WINTER SUITE DR.
CITY-ST-ZIP DECATUR GA 30034 ☐ Delete

TITLE V
NAME GRAY, ROBERT L
STREET ADDRESS 3005 FETLOCK DR
CITY-ST-ZIP MARIETTA GA 30064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

404-288-9521

CR2E034 (9/99)