

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90109 028 ***150.00

DOCUMENT # F94000005770

1. Entity Name
EBONY GLASS & MIRROR COMPANY



Principal Place of Business
4251 EAST SIDE DRIVE
DECATUR GA 30034
US

Mailing Address
P.O. BOX 361529
DECATUR GA 30036-529
US



2. Principal Place of Business

4251 EAST SIDE DRIVE
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 361529
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
DECATUR, GA

Zip
30034

Country
USA

City & State
DECATUR, GA

Zip
30036

Country
USA

4. FEI Number **58-1668152**

Applied For
Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CHAIRMAN** ☒ **Change** ☐ **Addition**
NAME **QUEEN, ARTHUR**
STREET ADDRESS **3993 WINTER SWEET DR**
CITY-ST-ZIP **DECATUR, GA 30034**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **2993 Wintersweet Dr.**
CITY-ST-ZIP

TITLE ☒ **Change** ☐ **Addition**
NAME **GRAY, ROBERT L**
STREET ADDRESS **3005 FETLOCK DR**
CITY-ST-ZIP **MARIETTA, GA 30036**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT L GRAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03
Date

(404) 288-9521
Daytime Phone #

CR2E034 (10/02)