

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**  
03-02-2001 90067 028 \*\*\*150.00

**DOCUMENT # F96000003479**

1. Entity Name  
**MISSISSIPPI PAINT & GLASS COMPANY, INC.**

Principal Place of Business Mailing Address  
**1100 24 AVENUE 1100 24 AVENUE**  
**MERIDIAN MS 39301 MERIDIAN MS 39301**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**BRASFIELD, J S**  
**2553 FIRST AVENUE NORTH**  
**ST PETERSBURG FL 33713**

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 \_\_\_\_\_ (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 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	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARHAM, JAMES W</b>		NAME	<b>BARHAM, JAMES W</b>	
STREET ADDRESS	<b>30637 HARBOUR DRIVE</b>		STREET ADDRESS	<b>3839 GULF SHORES PKWY</b>	
CITY-ST-ZIP	<b>ORANGE BEACH AL 36561</b>		CITY-ST-ZIP	<b>GULF SHORES, AL 36542</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARHAM, MELANIE</b>		NAME	<b>BARHAM, MELANIE</b>	
STREET ADDRESS	<b>30637 HARBOR DRIVE</b>		STREET ADDRESS	<b>3839 GULF SHORES PKWY</b>	
CITY-ST-ZIP	<b>ORANGE BEACH AL 36561</b>		CITY-ST-ZIP	<b>GULF SHORES, AL 36542</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>HARVEY, GEORGE K JR.</b>	
STREET ADDRESS			STREET ADDRESS	<b>3915 25th ave</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>MERIDIAN, MS 39305</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>WILLIAMS, SHARON D</b>	
STREET ADDRESS			STREET ADDRESS	<b>4100 51st COURT</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>MERIDIAN, MS 39305</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Sharon Williams* 2/26/01 (601) 693-1173  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)