

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
04-03-2001 90073 040 ***150.00

047134

DOCUMENT # G50623**1. Entry Name**
NORTH FLORIDA STAINED GLASS, INC.**Principal Place of Business**
105 S. MAIN STREET
P O BOX 316
ALACHUA FL 32616
US**Mailing Address**
105 SOUTH MAIN STREET
P O BOX 316
ALACHUA FL 32616
US

100011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14404 N.W. 153rd Terrace**3. Mailing Address**
14404 N.W. 153rd TerraceSuite, Apt. #, etc.
P.O. Box 316Suite, Apt. #, etc.
P.O. Box 316City & State
Alachua, FLCity & State
Alachua, FL**4. FEI Number** 59-2312794Applied For
Not ApplicableZip
32616-0316Country
USZip
32616-0316Country
US**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**CHECK-MATHIS, LINN J.
14404 NW 153RD TERR
ALACHUA FL 32616

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)

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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
CHECK-MATHIS, LINN J.
14404 NW 153RD TERR PO BOX 316
ALACHUA FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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**

Linn J. Check-Mathis, President

4-1-01

Date

(904)462-2860

Daytime Phone #

CR2E034 (10/00)