2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # G55152 Apr 20, 2000 8:00 am Secretary of State 1. Entity Name ADVENT GLASS WORKS, INC. 04-20-2000 90078 016 ***150.00 Principal Place of Business Mailing Address STATE ROAD 47 SOUTH STATE ROAD 47 SOUTH FT. WHITE FL 32038 FT. WHITE FL 32038 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2332335 Not Applicable Country Zip Country Zip \$8.75-Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEORGE, MERRY SANFORD Street Address (P.O. Box Number is Not Acceptable) STATE ROAD 47 SOUTH P.O. BOX 174 FT. WHITE FL 32038 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete ☐ Change GEORGE, MERRY SANFORD NAME STREET ADDRESS STREET ADDRESS STATE ROAD 47 SOUTH CITY-ST-ZIP CITY-ST-ZIP FT. WHITE FL ☐ Delete ☐ Change Addition TITLE GEORGE, TRUETT, JR. NAME NAME STREET ADDRESS STREET ADDRESS STATE ROAD 47 SOUTH CITY-SI-ZIP -CITY-ST-ZIP FORT-WHITE-FL ----☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Merry 5. George (Merry S. George) 4-17-00 904-491-2050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daysime Phone #

13. Thereby 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