

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **H 3 7 8 6 9**

1. Entity Name

mobile Autoglass Installations, Inc.

FILED

02 FEB 25 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2816 Industrial Plaza Dr.

3. Mailing Address

Suite, Apt. #, etc.

Tallahassee, FL STE. A

City & State

Tallahassee, FL

Zip

32301

Country

US

Country

4. FEI Number

59-2487375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jimmy Ray Wilder

Street Address (P.O. Box Number is Not Acceptable)

1632 Chadwick Way

City

Tallahassee

FL

Zip Code

32312

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **President**
NAME **Jimmy Ray Wilder**
STREET ADDRESS **1632 Chadwick Way**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200005024832--5
-02/27/02--01087--001
******915.00 ****915.00**

TITLE **S/T**
NAME **Patricia D. Wilder**
STREET ADDRESS **1632 Chadwick Way**
CITY-ST-ZIP **Tallahassee, FL 32312**

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97-165.00
98-150.00
99-150.00
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02-150.00

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no penalty for due

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

SIGNATURE: **Jimmy R. Wilder** / **Jimmy R. WILDER** **2-16-02** **850-877-1166**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (4/2/01)

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

February 25, 2002

Gentlemen:

This is to inform you that I did not receive my 1997 UNIFORM BUSINESS REPORT. Being involved in running my business, I did not notice that I had not received it. Under these circumstances, I respectfully request that you waive the late fees for filing.

Thank you.

Jimmy R Wilder, President
Mobile Autoglass Installations, Inc.
2816-A Industrial Plaza Drive
Tallahassee, FL 32301-3539.