

# 2002 UNIFORM BUSINESS REPORT (UBR)

0065018 AV

DOCUMENT # **H94584**

1. Entity Name  
**GOLDEN GLASS & MIRROR, INC.**

FILED

02 OCT -9 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**605 NW 53RD AVE  
SUITE A-4  
GAINESVILLE FL 32609  
US**

Mailing Address

**605 NW 53RD AVENUE  
SUITE A-4  
GAINESVILLE FL 32609  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2654338**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DEFFENBAUGH, GEORGE  
605 NW 53RD AVENUE, SUITE A-4  
GAINESVILLE FL 32609**

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

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) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 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

TITLE **DPT** ☐ Delete  
NAME **DEFFENBAUGH, GEORGE**  
STREET ADDRESS **HOLIDAY FARMS #9**  
CITY-ST-ZIP **ARCHER FL**

TITLE **DVS** ☐ Delete  
NAME **FULGHAM, MARVIN D.**  
STREET ADDRESS **605 NW 53RD AVE SUITE A-4**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☐ Change ☐ Addition  
NAME **Deffenbaugh George**  
STREET ADDRESS **114 McMEELIN LAKE LANE**  
CITY-ST-ZIP **Hawthorne FL 32640**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/6/02**

**3523786152**

CR2E034 (9/01)



## Golden Glass & Mirror, Inc.

605 N.W. 53rd Avenue, Suite A-4  
Gainesville, Florida 32609  
Phone 352-378-6152 Fax 352-338-0957  
*"Perfection In Reflection"*

10/6/02

To whom it may concern,

We just received this form in the mail today (10/6/02). Please understand we truly are paying this today in hopes you'll understand this wasn't our fault, it must have been lost in the mail, or not sent out on time. We again ask for your understanding as to why we aren't sending late fee. Thank you for your consideration.

Sincerely,

Deanna Deffulys  
President