

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J13533

1. Entity Name

FLORIDA FIBERGLASS PRODUCTS, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90026 010 ***150.00

Principal Place of Business

Mailing Address

U.S. 19 SOUTH
P.O. BOX 638
MONTICELLO FL 32344

U.S. 19 SOUTH
P.O. BOX 638
MONTICELLO FL 32345-0638
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2667802

Applied For

Not Applied For

Zip

Country

Zip

Country

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

KING, MICHAEL JOHN
US 19 SOUTH
MONTICELLO FL 32344

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME KING, MICHAEL JOHN
STREET ADDRESS US 19 SOUTH
CITY-ST-ZIP MONTICELLO FL

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

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NAME KING, DIANE WESTBROOK
STREET ADDRESS US 19 SOUTH
CITY-ST-ZIP MONTICELLO FL

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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 *MICHAEL J. KING*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00 850-997-1443

Date

Daytime Phone #