

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90169 030 \*\*\*150.00

**DOCUMENT # J13533**

1. Entity Name  
**FLORIDA FIBERGLASS PRODUCTS, INC.**



Principal Place of Business  
**U.S. 19 SOUTH  
P.O. BOX 638  
MONTICELLO FL 32344**

Mailing Address  
**U.S. 19 SOUTH  
P.O. BOX 638  
MONTICELLO FL 32345  
US**



2. Principal Place of Business  
**346 TOO LONG KEEN RD**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. 30X 638**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MONTICELLO, FL**  
Zip  
**32344** Country  
**USA**

City & State  
**MONTICELLO, FL.**  
Zip  
**32345-0638** Country  
**USA**

4. FEI Number **59-2667802**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KING, MICHAEL JOHN  
US 19 SOUTH  
MONTICELLO FL 32344**

**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. I am familiar with, and accept the obligations of registered agent.

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT KING, MICHAEL JOHN US 19 SOUTH MONTICELLO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS KING, DIANE WESTBROOK US 19 SOUTH MONTICELLO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL J. KING**

**2/25/03 850 997 1443**

Date

Daytime Phone #

CR2E034 (10/02)