

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

AMENDED

FILED

03 DEC 18 AM 11:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J17126

1. Entity Name

BIG "O" FIBERGLASS MANUFACTURING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 NW 9th. Street

3. Mailing Address

1000 NW 9th. Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee, FL

City & State

Okeechobee, FL

4. FEI Number

59-2808117

Applied For

Not Applicable

Zip
34972-2004

Country
Okeechobee

Zip
34972-2004

Country
Okeechobee

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Howell M. Simpson

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

4750 SW 16th. Avenue

City

Okeechobee

FL

Zip Code
34974

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

Howell M. Simpson

Howell M. Simpson, President

11/24/2003

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTSD
SIMPSON, HOWELL M.
4750 SW 16th Ave.
Okeechobee, FL. 34974

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SIMPSON, HOWELL M.
4750 SW 16th. Ave.
Okeechobee, FL 34974

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Howell M. Simpson

Howell M. Simpson, President

11/24/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)