

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90240 010 ***150.00

DOCUMENT # J75809

1. Entity Name
GLASSTECH MIRROR CORPORATION



Principal Place of Business
% JAMES J. O'DONNELL, JR.
4573 EXCHANGE AVENUE
NAPLES FL 33942

Mailing Address
% JAMES J. O'DONNELL, JR.
4573 EXCHANGE AVENUE
NAPLES FL 33942



2. Principal Place of Business
4400 Gulfshore Blvd No

3. Mailing Address
4400 Gulfshore Blvd No

Suite, Apt. #, etc.
Villa 500

Suite, Apt. #, etc.
Villa 500

City & State
NAPLES, FL

City & State
NAPLES FL

Zip
34103

Country
USA

Zip
34103

Country
USA

4. FEI Number
59-2808355

Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'DONNELL, JAMES J., JR.
4400 GULF SHORE BLVD, N.
SUITE 500
NAPLES FL 34103

Name

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

4400 Gulf Shore Blvd No.

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 *Tim O'Donnell*
Signature, typed or printed name of registered agent and title if applicable.

TIM O'DONNELL
(NOTE: Registered Agent signature required when reinstating)

2-10-03
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 P	<input type="checkbox"/> Delete
NAME O'DONNELL, JAMES J., JR.	
STREET ADDRESS 4400 GULF SHORE BLVD NO., SUITE 500	
CITY-ST-ZIP NAPLES FL 34103	
TITLE T	<input checked="" type="checkbox"/> Delete
NAME O'DONNELL, PHYLLIS	
STREET ADDRESS 4400 GULF SHORE BLVD NO., SUITE 500	
CITY-ST-ZIP NAPLES FL 34103	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME O'DONNELL, PATRICK	
STREET ADDRESS 4400 GULF SHORE BLVD NO., SUITE 500	
CITY-ST-ZIP NAPLES FL 34103	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 4400 Gulfshore Blvd No.	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

2-10-03
Date

239-434-2225
Daytime Phone #

CR2E034 (10/02)