

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90228 023 ***158.75

DOCUMENT # **K22742**

1. Entity Name **LAKE WORTH GLASS & MIRROR INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5000 Lake Worth Rd

3. Mailing Address
PO Box 541325

Suite, Apt. #, etc.
514

Suite, Apt. #, etc.
N/A

City & State
Lake Worth FL

City & State
Lake Worth

Zip
33463

Country
USA

Zip
33454-1325 Country
USA

4. FEI Number
650053937

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JAMES DE PASQUALE**

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

225 Leland Lane

City **LAKE WORTH**

FL

Zip Code
33463

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 *James DePasquale*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/20/03
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	Director James DePasquale 225 Leland Lane Lake Worth FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President James DePasquale Sr. 225 Leland Lane Lake Worth FL 33463
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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:

James DePasquale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/03 **561-967-9469**

CR2E034B (12/02)