2001 UNIFORM BUSINESS REPORT (UBR) Feb 28, 2001 8:00 am **DOCUMENT # K40351** Secretary of State GLAZING CONSULTANTS, INC. 02-28-2001 90030 006 ***150.00 Principal Place of Business Mailing Address 8895 N MILITARY TRAIL 8895 N MILITARY TRAIL STF 301-D STE 301-D 1 A 1 4 5 5 PALM BEACH GARDENS FL 33410-6267 PALM BEACH GARDENS FL 33410 HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0083669 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEERS, DEBRA Street Address (P.O. Box Number is Not Acceptable) 8631 STEEPLECHASE DR. PALM BCH. GARDENS FL 33418 City Zip Code 8. The above named entire submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Robert A. D'Angio. SIGNATURE typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change Change ☐ Addition BEERS, DEBRA NAME NAME 8631 STEEPLECHASE DR. STREET ADDRESS STREET ADDRESS PALM BCH. GARDENS FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS

☐ Addition Addition CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIT! F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dat

Daytime Phone #