

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K62434

1. Entity Name

AUTO-MATIC GLASS, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90159 037 ***150.00

Principal Place of Business C/O JOSEPH CUPP Jerry Cupp 3013 W. THARPE ST. TALLAHASSEE FL 32303	Mailing Address C/O JOSEPH CUPP Jerry Cupp 3013 W. THARPE ST. TALLAHASSEE FL 32303-1172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3013 W. Tharpe St. Suite, Apt. #, etc.	3. Mailing Address 3013 W. Tharpe St. Suite, Apt. #, etc.
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City & State Tallahassee, Florida Zip 32303	Country Leon	City & State Tallahassee, Florida Zip 32303	Country Leon
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4. FEI Number 59-2932060	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUPP, JOSEPH Jerry
3013 W. THARPE ST.
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent
Name
Jerry Cupp
Street Address (P.O. Box Number is Not Acceptable)
3013 W. Tharpe St.
City
Tallahassee FL Zip Code
32303

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.

SIGNATURE Jerry Cupp (NOTE: Registered Agent signature required when reinstating) DATE 3-1-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUPP, JOSEPH 3013 W. THARPE ST. TALLAHASSEE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUPP, JERRY 3013 W. THARPE ST. TALLAHASSEE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUPP, PAUL 3013 W. THARPE ST. TALLAHASSEE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cupp Benita 3013 W. Tharpe St. Tallahassee, FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Benita Cupp 850-575-3619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)