

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K62434**

1. Entity Name

**Auto-Matic Glass Co. inc.**

**FILED**

00 JUL 21 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**3013 W. THARPE ST**

**SAME.**

**TALL FLA 32304**

2. Principal Place of Business

3. Mailing Address

**3013 W THARPE ST**

**3013 W. THARPE ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**TALL FLA.**

**TALL FLA.**

Zip

Country

Zip

Country

**32304**

**USA**

**32304**

**USA**

4. FEI Number

**59-2932060**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**JERRY CUPP**

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

**105 MOSSY OAK 7<sup>th</sup> ST.**

City

**Quincy FLA**

FL

Zip Code

**32351**

**JERRY CUPP**

**105 MOSSY OAK 7<sup>th</sup> ST.**

**Quincy FLA 32351**

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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete  
NAME **JERRY CUPP**  
STREET ADDRESS **105 MOSSY OAK 1<sup>st</sup> ST. FLA**  
CITY-ST-ZIP **32351 Quincy**

TITLE **300003334968-87**  
NAME **-07/25/00--01049--002**  
STREET ADDRESS **\*\*\*\*\*61.25 \*\*\*\*\*61.25**  
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Delete  
NAME **PAUL MARTY CUPP**  
STREET ADDRESS **Quincy FLA 776 S. Madison**  
CITY-ST-ZIP **32351**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Jerry Cupp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**KE**