

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State
 06-02-2000 90007 044 ***150.00

742006

DOCUMENT # M87734

1. Entity Name
 DIAMOND T. GLASS, INC.

Principal Place of Business % BRIAN THIBODEAU 3039 SW 15TH PLACE CAPE CORAL FL 33990	Mailing Address % BRIAN THIBODEAU PO BOX 152108 CAPE CORAL FL 33990
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2. Principal Place of Business 2110 SE 16TH PLACE Suite, Apt. #, etc.	3. Mailing Address PO BOX 150327 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State CAPE CORAL FL	City & State CAPE CORAL FL	4. FEI Number 65-0068160	Applied For <input type="checkbox"/> Not Applicable
Zip 33990	Country US	Zip 33990	Country US

6. Name and Address of Current Registered Agent THIBODEAU, BRIAN 3039 SW 15TH PLACE CAPE CORAL FL 33914	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2110 SE 16TH PLACE City CAPE CORAL FL Zip Code 33990
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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 _____
 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PDST	<input type="checkbox"/> Delete	TITLE PDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THIBODEAU, BRIAN		NAME THIBODEAU, BRIAN	
STREET ADDRESS 3039 SW 15TH PLACE		STREET ADDRESS 2110 SE 16TH PLACE	
CITY-ST-ZIP CAPE CORAL FL 33914		CITY-ST-ZIP CAPE CORAL FL 33990	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		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:  **BRIAN THIBODEAU**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 4/28/00 ccl 841-4420
 Date Daytime Phone #

CR2E034 (9/99)