

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003387

1. Entity Name

REFLECTIONS "N" GLASS CORVETTES, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90128 038 \*\*\*\*61.25

Principal Place of Business

3607 EAGLE NEST CT  
W. MELBOURNE FL 32904  
US

Mailing Address

P O BOX 500641  
MALABAR FL 32950-0641

2. Principal Place of Business

1089 EGRET LAKE WAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

4. FEI Number

59-3217649

Applied For

Not Applicable

Zip

32940

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VELEZ, LOU  
3607 EAGLE NEST CT  
WEST MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name MARY ANN DALRYMPLE

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

1089 EGRET LAKE

City

FL

Zip Code

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

*Mary Ann Dalrymple* MARY ANN DALRYMPLE

DATE

4/24/00

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VELEZ, LOU	
STREET ADDRESS	3607 EAGLE NEST CT	
CITY-ST-ZIP	W. MELBOURNE FL 32904	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCGOWAN, GEORGE	
STREET ADDRESS	642 HYANNIE ST NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ALAZRAKI, MARTY	
STREET ADDRESS	426 DELMONICO ST NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALAZRAKI, MARILYNN	
STREET ADDRESS	426 DELMONICO ST NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONVERSE, ART	
STREET ADDRESS	1565 FLAG DRIVE NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALRYMPLE, DAVE	
STREET ADDRESS	1089 EGRET LAKE WAY	
CITY-ST-ZIP	MELBOURNE FL 32940	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ANN DALRYMPLE	
STREET ADDRESS	1089 EGRET LAKE WAY	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWAN, ROBERT	
STREET ADDRESS	910 TURTLE POND WAY	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM DELLER	
STREET ADDRESS	13 SPINNAKER POINT	
CITY-ST-ZIP	INB, FL 32937	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN T. ROWAN	
STREET ADDRESS	910 TURTLE POND WAY	
CITY-ST-ZIP	VIERA, FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grant, Steven	
STREET ADDRESS	330 Albright St.	
CITY-ST-ZIP	Palm Bay, FL 32909	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mary Ann Dalrymple*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00

CR2E037 (9/99)