

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91516 011 ***150.00

DOCUMENT # P00000029222

1. Entity Name
MICKEY'S GLASS & MIRROR CO.

Principal Place of Business

**80 S MCCALL ROAD
 ENGLEWOOD FL 34223**

Mailing Address

**80 S MCCALL ROAD
 ENGLEWOOD FL 34223**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

80 S MCCALL

3. Mailing Address

SAMC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ENGLEWOOD, FL

City & State

4. FEI Number
65-0995692

Applied For
Not Applicable

Zip
24223

Country
FLORIDA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOEFLING, MICHAEL J
 5071 POMPANO RD.
 VENICE FL 34293**

Name

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

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

Michael Hoefling
 (NOTE: Registered Agent signature required when reinstating)

4-29-02
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **0** ☐ Delete
NAME **HOEFLING, MICHAEL**
STREET ADDRESS **80 S MCCALL ROAD**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 941-460-9588
 Date Daytime Phone #

CR2E034 (9/01)