

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

0417713

DOCUMENT # P00000045839

1. Entity Name
UNIVERSAL GLASS & MIRROR, INC.

04-27-2001 90400 046 ***150.00

Principal Place of Business 536 E. VENICE AVENUE VENICE FL 34292	Mailing Address 536 E. VENICE AVENUE VENICE FL 34292
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C0054155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-1004311	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MOGFORD, EDMUND III
536 E. VENICE AVENUE
VENICE FL 34292

7. Name and Address of New Registered Agent

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD
STREET ADDRESS	EDMUND MOGFORD III
CITY - ST - ZIP	241 S. HARBOR DR
	VENICE FL 34285
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD
STREET ADDRESS	EDMUND MOGFORD JR
CITY - ST - ZIP	536 E. VENICE AVE
	VENICE FL 34292
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD
STREET ADDRESS	MARTIN MOGFORD
CITY - ST - ZIP	326 PEDRO ST
	VENICE FL 34285

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: *Edmund Moford III* **Edmund MOGFORD III** 4-18-01 941-488-0263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)