

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90211 008 ***150.00

0591989 AV

DOCUMENT # P00000086439

1. Entity Name
CLERMONT AUTO GLASS, INC.



Principal Place of Business
125 SUNNYSIDE DR.
CLERMONT FL 34711

Mailing Address
699 S HWY 27
CLERMONT FL 34711

2. Principal Place of Business

3. Mailing Address

699 S Hwy 27
Suite, Apt. #, etc.
B

Suite, Apt. #, etc.

City & State
Clermont FL

City & State

Zip
34711 **Country**
LACE

Zip **Country**

4. FEI Number
59-3671289

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOLLEY, PAULA
BEST KEPT BOOKS
963 W. JUNITA ST.
CLERMONT FL 34711

Name **Robert Palmer**
Street Address (P.O. Box Number is Not Acceptable)
189 Garden Avenue
City **Groveland** **FL** **Zip Code** **34736**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Delete**
NAME **WILSON, BRANDON R**
STREET ADDRESS **125 SUNNYSIDE DR.**
CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE **D** ☒ **Delete**
NAME **PUGH, WILLIAM D**
STREET ADDRESS **435 TERRY CIRCLE**
CITY-ST-ZIP **VIDALIA LA 71373**

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

TITLE **D** ☐ **Delete**
NAME **PALMER, ROBERT**
STREET ADDRESS **189 GARDEN AVENUE**
CITY-ST-ZIP **GROVELAND FL 34736**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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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 607, 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: **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03

Date

Daytime Phone #

352 394 0311

CR2E034 (10/02)