

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90105 041 \*\*\*150.00

0000244

**DOCUMENT # P00000108693**

1. Entity Name

**FASTGLAS, INC.**

Principal Place of Business

Mailing Address

~~4115 FOREST BLVD~~  
**JACKSONVILLE FL 32246**

~~4115 FOREST BLVD~~  
**JACKSONVILLE FL 32246**

2. Principal Place of Business

**4226 Spring Grove Road**  
 Suite, Apt. #, etc.

3. Mailing Address

**4226 Spring Grove Road**  
 Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

Zip  
**32209**

Country  
**USA**

City & State

**Jacksonville, FL**

Zip  
**32209**

Country  
**USA**

4. FEI Number

**59-3685679**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**THOMAS C PLEIMAN JR CPA**  
**9471 BAYMEADOWS ROAD STE 308**  
**JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

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

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) ☒

**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

**OWNER**  
**GARY CRILL**  
**1193 Hideaway Drive North**  
**Jacksonville, FL 32259**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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

**4-12-01**

Date

**904-765-2222**

Daytime Phone #

CR2E034 (10/00)