

2001 UNIFORM BUSINESS REPORT (UBR)

4/23

FILED
May 18, 2001 8:00 am
Secretary of State

04-23-2001 90196 036 ***150.00

DOCUMENT # P00000116435

1. Entity Name

SOUTHERN FIBERGLASS MFG INC.

Principal Place of Business

676 W PROSPECT RD
 FT LAUDERDALE FL 33309

Mailing Address

676 W PROSPECT RD
 FT LAUDERDALE FL 33309

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1064079

Applied For

Not Applicable

Zip

Country

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

Name

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

City

FL

Zip Code

~~PENN. JOY~~
 676 W PROSPECT RD
 FT LAUDERDALE FL 33309

Brian Kelly
 222 SW 33rd CT
 Ft Lauderdale, FL
 33315

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 fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PR/D, n
 Brian Kelly
 222 SW 33rd CT
 FT LAUDERDALE FL 33315 ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
 FT LAUDERDALE FL 33315 ☐ Delete

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☐ 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

Date

Daytime Phone #

954-463-5820

CR2E034 (10/00)

POSTED