APR. 29. 2002 5:26PM

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May 21, 2002 8:00 am
Secretary of State
05-21-2002 91190 010 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000034139

1. Entity Name
CHUCK'S AUTO GLASS OF CENTRAL FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16526 HIGHLAND AVE	16526 HIGHLAND AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MONTVERDE, FL	City & State: MONTVERDE, FL
Zip: 34756 Country	Zip: 34756 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3714502 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: DAVID GARRICK JR

Street Address (P.O. Box Number is Not Acceptable): 300 VIRGINIA ST

City: CLERMONT FL Zip Code: 34711

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: David Garrick 4/29/02
Signature (typed or printed name of registered agent and date 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) ☐

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

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHARLES A DAPP
STREET ADDRESS	16526 HIGHLAND AVE
CITY-ST-ZIP	MONTVERDE, FL 34756
TITLE	D
NAME	JOANN E DAPP
STREET ADDRESS	16526 HIGHLAND AVE
CITY-ST-ZIP	MONTVERDE, FL 34756

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Charles A Dapp 4/30/02 407 469-2757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)