

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-09-2002 90017 014 ***150.00
 07-24-2002 90131 012 ***408.75

DOCUMENT # P01000048737

1. Entity Name

ARK CUSTOM GLASS, INC.

Principal Place of Business

Mailing Address

13511 CLAUDIA DR
 HUDSON FL 34667

13511 CLAUDIA DR
 HUDSON FL 34667

2. Principal Place of Business

P.O. Box 5221
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5221
 Suite, Apt. #, etc.

City & State

Hudson, FL

City & State

Hudson, FL

4. FEI Number

59-3719792

Applied For

Not Applicable

Zip

34674

Country

USA

Zip

34674

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MESTAUAKAS, KEN
 13511 CLAUDIA DR
 HUDSON FL 34667

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, 2002 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
 DP
 TAVO, ALEKISIO L
 13511 CLAUDIA DR
 HUDSON FL 34667 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 POB 5221
 Hudson, FL 34674 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DV
 MESTAUAKAS, KEN
 13511 CLAUDIA DR
 HUDSON FL 34667 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 POB 5221
 Hudson, FL 34674 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DST
 NUMBERS, RICHARD
 13511 CLAUDIA DR
 HUDSON FL 34667 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 POB 5221
 Hudson, FL 34674 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 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 power empowered.

SIGNATURE:

Alekisio Tavo
 ALEKISIO TAVO

Date

Daytime Phone #

727-992-2018

7.01.02

CR2E034 (9/01)