# R PROFIT CORPORATION
# RM BUSINESS REPORT (UBR)

NT # PO100006|981

he Mirror + Glass inc.

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FILED

02 AUG 22 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/23/02--01070--011
*****70.00  *****70.00

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| 2. Principal Place of Business | 3. Mailing Address | | |
|---|---|---|---|
| 918 Bichard Blvd. | 918 Bichara Blvd | | |
| Suite, Apt. #, etc. 918 Bichara Blvd. | Suite, Apt. #, etc. The Villages | | |
| City & State Lady Lake Fl | City & State Lady Lake, Fl | 4. FEI Number 5937306O6 | Applied For / Not Applicable |
| Zip 32159  Country USA | Zip 32159  Country USA | 5. Certificate of Status Desired  [X] | $8.75 Additional Fee Required |

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7. Registered Agent

| Name | William Provost |
|---|---|
| Street Address (P.O. Box Number is Not Acceptable) | 918 Bichard Blvd |
| | Lady Lake, Fl |
| City Lady Lake | FL | Zip Code 32159 |

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 William Provost VP/TR  X  William Provost  7-15-02

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) ☐ | January 1 - May 1 Fee is $150.00 After May 1, Fee is $550.00 Amended UBR is $61.25 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

| TITLE | President/S/mp/D | TITLE | |
|---|---|---|---|
| NAME | Laura Ann Herdmann Lane | NAME | |
| STREET ADDRESS | 3215 SE 19 Ave | STREET ADDRESS | |
| CITY-ST-ZIP | Ocala Fl 34471 | CITY-ST-ZIP | |
| TITLE | William Provost T/VP | TITLE | |
| NAME | 322 Bahia Circle | NAME | |
| STREET ADDRESS | Ocala Fl 34472 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | DO NOT WRITE |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |

CR2E034B (12/01)

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: Laura Lane  7-14-02  3527534499