

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90921 013 \*\*\*150.00

**DOCUMENT # P01000066012**

1. Entity Name  
**ONGOING FIBERGLASS, INC.**



Principal Place of Business  
**15600 S.W. 288TH STREET  
SUITE 201  
HOMESTEAD FL 33033**

Mailing Address  
**15600 S.W. 288TH STREET  
SUITE 201  
HOMESTEAD FL 33033**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1119074**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

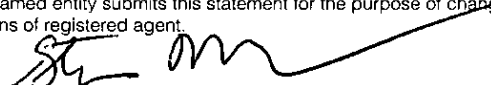
## 6. Name and Address of Current Registered Agent

**GUEST, JAMES M  
15600 S.W. 288TH STREET  
SUITE 201  
HOMESTEAD FL 33033**

## 7. Name and Address of New Registered Agent

Name  
**STANLEY MANDEL CPA PA**  
Street Address (P.O. Box Number is Not Acceptable)  
**20341 OLD CUTLER ROAD SUITE A**  
City **MIAMI** FL Zip Code **33189**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/25/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	SLAYDEN, GARY N	
STREET ADDRESS	150 N W 12TH STREET, BAY 5	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SLAYDEN, DIANE	
STREET ADDRESS	150 N W 12TH STREET, BAY 5	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/03**  
Date

**(305) 951-2013**  
Daytime Phone #

CR2E034 (10/02)