2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) FILED Jan 15, 2003

DOCUMENT # P0100094682

1. Entity Name

STAINS AND GLAZES INC



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90287 035 ***150.00

Principal Place of Business 5050 3 SUNBEAM RD. JACKSONVILLE FL 32257			Mailing Address 4024 DIMSDALE RD. JACKSONVILLE FL 32257						
2 Principal	I Place of Busine								
2. Principal Place of Business			3. Mailing Address				II BANII TONKA KAKIN	#### CIII	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE I	F MAKING CH	-IANGES	3 .
City & State			City & State			4. FEI Number 59-3747059			Applied For
Zip Country		Country	Zip	Country		5. Certificate of Status Desired		.75 Ad	ditional
	6. Name a	nd Address of Curre	nt Registered Agent			7. Name and Address of New Re	— Fee	Require	ed
				Name	- 03	7. Name and Address of New Re	gisiered Agei	<u> </u>	
COLLINS	S, PENNY		Stroot Address		d.s.s. (D	,			
4024 DIM	ASDALE RD.			Street Adi	uress (P	P.O. Box Number is Not Acceptable)			
JACKSOI	NVILLE FL 322	57							
				City	<u></u>			Zip Coc	
8. The above	e named entity s ations of register	ubmits this statement	for the purpose of changing it	s registered office or re	egistere	ed agent, or both, in the State of Flori	ida. I am famil	iar with	and accept
and dange	ations of registers	agent.							
SIGNATURE	Circuit and a	rinted name of registered age							-
	Signature, typed or p	printed name of registered age	nt and title it applicable. (NO	TE: Registered Agent signature	required w	when reinstating)	DATE		
Afte	er May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 lorida Department) of State			9. Election Campaign Final Trust Fund Contribution.	ncing	\$5.0 Added	O May Be
10.		OFFICERS AN					_		
TITLE	PD	OFFICERS AIN		11,		ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTOR!	S IN 11
NAME	COLLINS, FF	ANK T JR.	☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS	4024 DIMSD	ale Rd.		STREET ADDRESS					
CITY-ST-ZIP	JACKSONVIL	LE FL 32257		CITY-ST-ZIP					
TITLE	TD		☐ Delete	TITLE			-	Change	Addition
NAME Street address	COLLINS, PE			NAME			_	onango	
CITY-ST-ZIP	4024 DIMSDA JACKSONVIL			STREET ADDRESS					
TITLE	UNONSOINVIL	LE FL 3223/		CITY-ST-ZIP			_		
NAME		والموالية والمراواة	Delete	TITLE .		ورازاروق المشيوات الجعيب والجاريميية	<u> </u>	Change	☐ Addition
STREET ADDRESS				STREET ADDRESS			,		
CITY-ST-ZIP				CITY-ST-ZIP					
TTLE			☐ Delete	TITLE				Change	☐ Addition
IAME TREET ADDRESS				NAME				•	
CITY-ST-ZIP				STREET ADDRESS					
ITLE	ļ			CITY-ST-ZIP					
AME			☐ Delete	TITLE NAME				Change	☐ Addition
TREET ADDRESS				STREET ADDRESS					
ITY-ST-ZIP				CITY-ST-ZIP					ĺ
ITLE			☐ Delete	TITLE				hange	Addition
AME Treet address				NAME					
ITY-ST-ZIP				STREET ADDRESS					
	ertify that the infe	ormation supplied with	this filing does not asset for	CITY-ST-ZIP		<u></u>			
or the corp	ooration or the re	ceiver or trustee empy	this filling does not qualify for true and accurate and that movered to execute this report a with all other me empowered	as required by Chapter	r 607 FI	on 119.07(3)(i), Florida Statutes. I fur ne legal effect as if made under oath lorida Statutes; and that my name ar all (1)5	rther certify than; that I am an o opears in Block	it the inf officer o < 10 or f	ormation r director Block 11 if
		6/04/2020	Jose Ja a a Com	On IKYII	7 🖰		_		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec, Trees

1/10/03

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