## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 08, 2002 8:00 am<sup>3</sup> Secretary of State P01000100285 DOCUMENT # 1. Entity Name FLORIDA LAMINATED & TEMPERED GLASS CO. 05-08-2002 90157 032 \*\*\*150.00 Principal Place of Business Mailing Address 22 SEVILLA STREET 22 SEVILLA STREET ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODS, TALA A Street Address (P.O. Box Number is Not Acceptable) 1301 RIVERPLACE BLVD., SUITE 1500 Jacks@nville fl 32207 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PRESIDENT CR2E034 (9/01) ☐ Delete TITLE ☐ Addition TOWN MULLUANUSTY NAME NAME STREET ADDRESS 22500100057. STREET ADDRESS CITY-ST-ZIP 25. ALGUMING, FC CITY-ST-ZIP 37016 chief finacial afficien ☐ Delete TITLE ☐ Change ☐ Addition NAME J. RANDY BOARD NAME STREET ADDRESS STREET ADDRESS 22 sévilla st CITY-ST-ZIP CITY-ST-ZIP JT. AILCUTING PLANT MANAGON ☐ Delete TITLE ☐ Change ☐ Addition NAME FRAKKLE WILLSON NAME STREET ADDRESS 22 solling 57. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. ALLGUSTIMS, FL ロルムナスクシ ☐ Delete TITLE ☐ Change Addition FREDOW MICHOELD NAME STREET ADDRESS 22 Sculus si STREET ADDRESS 32084 CITY-ST-ZIP AUGUSTING, FL CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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 attachmer arraddress, with all other like

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SIGNATURE:

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URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO