




FILED
Aug 28, 2003 8:00 am
Secretary of State

07-21-2003 90127 036 ***150.00
 08-28-2003 90070 035 ***409.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

7

DOCUMENT # P01000117512			
1. Entity Name GLASS HOUSE MOBILE CAR CARE, INC.			
Principal Place of Business 20630 NW 33RD AVE MIAMI FL 33056		Mailing Address 20630 NW 33RD AVE MIAMI FL 33056	
2. Principal Place of Business 3015 NW 205TH ST Suite, Apt. #, etc.		3. Mailing Address PO BOX 820683 Suite, Apt. #, etc.	
City & State MIAMI		City & State PEMBROKE PINES	
Zip 33056		Zip 33082	
Country		Country	
4. FEI Number 800003717		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARRON, YANCEY C SR 20630 NW 33RD AVE MIAMI FL 33056		7. Name and Address of New Registered Agent Name BARRON, YANCEY Street Address (P.O. Box Number is Not Acceptable) 3015 NW 205TH ST City MIAMI FL Zip Code 33056	
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  7/15/03		DATE	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRON, AJANAY L	NAME	
STREET ADDRESS	20630 NW 33RD AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRON, YANCEY L SR	NAME	
STREET ADDRESS	20630 NW 33RD AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	CITY-ST-ZIP	
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CITY-ST-ZIP	MIAMI FL 33056	CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034 (4/03)