


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)**

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

Country
33082

4. FEI Number
800003717

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 *[Signature]* **7/15/03** DATE

Signatures, types or printed name of registering agent and fee if applicable (NOTE: Registered Agent signature required when relinquishing)

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRON, AJANAY L 20630 NW 33RD AVE MIAMI FL 33056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRON, YANCEY L SR 20630 NW 33RD AVE MIAMI FL 33056	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **7/15/03** DATE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)