## 2003 FOR PROFIT CORPORATION

SIGNATURE:

## May 12, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) 04-18-2003 90191 032 \*\*\*150.00 DOCUMENT # P02000123111 NU-GLOW REGLAZING CO., INC. 55040016 Principal Place of Business Mailing Address 4422 MANCHESTER ROAD 6225 OFFTEGA FARMS BLVD. JACKSONVILLE FL 32210 JACKSONVILLE FL 32244 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 91 Not Applicable Zio Country Zio Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAWRENCE R. RAUSCH, P.A. Street Address (P.O. Box Number is Not Acceptable) 712 SO. EDGEWOOD AVENUE JACKSONVILLE FL 32205 Zip Code 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 brinted name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State FFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. vice-President CR2E034 (10/02) TITLE. ☐ Delete TITLE BAUER, SHERRY L NAME : NAME Sue M. Marge 6225 ORTEGA FARMS BLVD. STREET ADDRESS STREET ADDRESS 8176 Ft. Lee Trail JACKSONVILLE FL \$2244 CITY-ST-ZIP CITY-ST-7IP Jax. FL 32214 ☐ AddItion TITLE -Delete TITLE NAME MANIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 at the 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 that is an another or 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 acturers, with all other like empowered.