

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/29/00-90140-014-\$150.00-\$150.00

DOCUMENT # P40848

1. Entity Name

~~MASSACHUSETTS GLASS SERVICE, INC.~~

New Name Massglass + Door Service Inc

Principal Place of Business

Mailing Address

30485 CANWOOD DR.  
STE 100  
AGOURA HILLS CA 91301  
US

30485 CANWOOD DR.  
STE 100  
AGOURA HILLS CA 91301-4331  
US

FILED

00 APR 27 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4263946

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DELOAN, SHARRON~~  
~~1180 S.W. 36TH AVE., S-204~~  
~~POMPANO BEACH FL 33069~~

Mary Ann Schiller  
1180 SW 36th Ave  
Suite 204  
Pompano Beach, FL  
33069

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I hereby certify that the information supplied with 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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHEL, LAWRENCE T.		NAME	
STREET ADDRESS	1 WESTBROOK CORP. CENTER		STREET ADDRESS	
CITY - ST - ZIP	WESTCHESTER IL		CITY - ST - ZIP	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHEL, DEANNA		NAME	
STREET ADDRESS	1 WESTBROOK CORP. CENTER		STREET ADDRESS	
CITY - ST - ZIP	WESTCHESTER IL		CITY - ST - ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHEL, ANDREA		NAME	
STREET ADDRESS	1 WESTBROOK CORP. CENTER		STREET ADDRESS	
CITY - ST - ZIP	WESTCHESTER IL		CITY - ST - ZIP	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCZYNSKI, JANET M.		NAME	
STREET ADDRESS	1 WESTBROOK CORP. CENTER		STREET ADDRESS	
CITY - ST - ZIP	WESTCHESTER IL		CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	

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 attachment with an address, with all other like empowered.

SIGNATURE:

Andrea J. Mitchell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00

708-449-6060

Date

Daytime Phone

S. Payne 4/28/00

CR2E034 (9/99)