

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40848

1. Entity Name

MASSGLASS & DOOR SERVICE INC.

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90021 041 \*\*\*150.00

0591499

Principal Place of Business  
30495 CANWOOD DR.  
STE 100  
AGOURA HILLS CA 91301  
US

Mailing Address  
30495 CANWOOD DR.  
STE 100  
AGOURA HILLS CA 91301  
US

717810



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **95-4263946**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SCHILLER, MARY ANN**  
**1180 SW 36TH AVENUE**  
**SUITE 204**  
**POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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.

SIGNATURE Andrea F. Mitchell Secretary DATE 1-5-01  
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 Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Deanna Mitchel 1 Westbrook Corp Ctr Westchester, IL 60154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Joel B. Cohen 1 Westbrook Corp Center Westchester, IL 60154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Margaret A. Fox 1 Westbrook Corp Center Westchester, IL 60154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: Andrea F. Mitchell Date 1-5-01 Daytime Phone # 703-449-6060  
Andrea F. Mitchell, Secretary

CR2E034 (10/00)