

AMENDED REPORT

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

FILED

03 OCT 30 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000043798

1. Entity Name
SHIVER GLASS COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12 NE 3RD ST.

Suite, Apt. #, etc.

3. Mailing Address

12 NE 3RD ST.

Suite, Apt. #, etc.

City & State

FLORIDA CITY, FL

Zip

Country

City & State

FLORIDA CITY, FL

Zip

Country

4. FEI Number

65-0435804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SHIVER, R.S.

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

10 NE 3 ST.

City

FLORIDA CITY

FL

Zip Code

33034

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

000024288110

10/30/03--01039--022 **61.25

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	S SUE SHIVER 12 NE 3RD ST. FLORIDA CITY, FL 33034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SHIVER, DAN 12 NE 3RD ST. FLORIDA CITY, FL 33034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>R. S. Shiver</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP R.S. SHIVER 12 NE 3RD ST. FLORIDA CITY, FL 33034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-03 305-246-8080

CR2E034B (12/01)