

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**  
 03-06-2001 90348 016 \*\*\*150.00

**DOCUMENT # P93000048945**

1. Entity Name  
**FLORIDA GLASS OF TAMPA BAY, INC.**

Principal Place of Business Mailing Address  
**13909 LYNMAR BLVD 13909 LYNMAR BLVD**  
**TAMPA FL 33626 TAMPA FL 33626**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3191976** Applied For  
 Not Applicable

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**

**LAFAYETTE, JOHN C**  
**3446 EAST LAKE RD., STE 212**  
**PALM HARBOR FL 34685**

Name **JOSEPH MURACO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13909 LYNMAR BLVD**  
 City **Tampa** FL Zip Code **33626**

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 *Joe Muraco* **President 3/1/01**  
Signature, typed or printed name of registered agent and title 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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MURACO, JOSEPH 13909 LYNMAR BLVD TAMPA FL 33626 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MULLAN, KEVIN T 13909 LYNMAR BLVD TAMPA FL 33626 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Joe Muraco* **President 3/1/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)