

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90027 011 ***150.00

DOCUMENT # P93000061246

1. Entity Name
SOUTHEAST AUTO GLASS, INC.

Principal Place of Business Mailing Address
603 US HWY 41 SOUTH 603 US HWY 41 SOUTH
RUSKIN FL 33570 RUSKIN FL 33570

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3194525** 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

PITTS, JAMES R
10614 COUNTY ROAD CR 672
RIVERVIEW FL 33569

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 _____ (NOTE: Registered Agent signature required when re-registering) 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 1*

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **MARTIN, JACKIE J II**
 CITY-ST-ZIP **11706 TUCKER ROAD**
RIVERVIEW FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **DV**
 STREET ADDRESS **GRAVES, RICHARD S**
 CITY-ST-ZIP **10614 COUNTY RD CR 672**
RUSKIN FL 33570

TITLE ☒ Change ☐ Addition
 NAME **DV**
 STREET ADDRESS **GRAVES, RICHARD S.**
 CITY-ST-ZIP **317 6th AVE SW**
RUSKIN, FL. 33570

TITLE ☒ Delete
 NAME **DST**
 STREET ADDRESS **PITTS, JAMES R**
 CITY-ST-ZIP **11915 CEDARFIELD DR.**
RIVERVIEW FL 33569

TITLE ☒ Change ☐ Addition
 NAME **DST**
 STREET ADDRESS **PITTS, JAMES R.**
 CITY-ST-ZIP **10614 COUNTY ROAD CR 672**
RIVERVIEW, FL. 33569

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 *Jackie J. Martin* **JACKIE J. MARTIN** 4/24/01 813-645-3320
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)