

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ARTICLE, INCORPORATED



DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32399-0001

1995

DOCUMENT # P93000087423 (8)

COMPETITION AUTO GLASS & LOCK, INC.

1067 SHADICK
#8
ORANGE CITY FL 32763
US

#7 JUNIPER
DEBARY FL 32713

2. Principal Office (City and State)	2a. Mailing Address (City and State)	3. Date of Incorporation (Month/Day/Year)	3a. Date of Last Report (Month/Day/Year)
21. 10606 Industrial Dr	2a. 108 Palmira Rd	12/21/1993	04/29/1994
22. Orange City FL	2b. Debarry FL	4. FIC Number 59-3214028	5. Certificate of Status (Desired) ☐ \$8.75 Additional Fee Required
23. 32763	24. U.S.A.	25. 32713	26. U.S.A.
27. 32763	28. U.S.A.	29. 32713	30. U.S.A.
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

MASON, DEBRA
#7 JUNIPER
DEBARY FL 32713

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. State
				FL

11. Pursuant to the provisions of sections 607.01(2) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent as shown in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the obligations of such as set forth in the Florida Statutes.

SIGNATURE: *Debra Mason* DATE: 4/29/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D MASON, DEBRA 7 JUNIPER DEBARY FL 32713	NAME	☒ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	108 PALMIRA Rd
CITY		CITY	Debarry, FL 32713
STATE		STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not equally for the company then stated in the laws of the State of Florida. I further certify that the information supplied in this change report or supplementing annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. The undersigned certifies that the corporation or the registered agent or the registered agent's authorized representative has read this report as required by Chapter 607, Florida Statutes, and that my signature appears in Block 13 of this report or in an attachment with an address.

SIGNATURE: *Debra Mason* DATE: 4/29/95 901/775-1426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR