

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90179 007 ***150.00

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1. Entity Name
FIBERGLASS 1, INC.



Principal Place of Business

14065 N. MILLER DR.

PALM BEACH GARDENS FL 33410

13805 87th St N.
West Palm Beach FL 33412

Mailing Address

14065 N. MILLER DR.

PALM BEACH GARDENS FL 33410

2. Principal Place of Business

13805 87th St N.

Suite, Apt. #, etc.

West Palm Beach FL

City & State

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip
33412

Country
USA

Zip

Country

4. FEI Number
65-0460304

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DORTCH, DAN H

14065 NORTH MILLER DR.

PALM BEACH GARDENS FL 33410

13805 87th St N.
West Palm Beach FL 33412

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
DORTCH, DAN H
STREET ADDRESS
14065 NORTH MILLER DR.
CITY-ST-ZIP
PALM BEACH GARDENS FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P
NAME
Dortch, Dan H.
STREET ADDRESS
13805 87th Street North
CITY-ST-ZIP
West Palm Beach FL 33412

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **(Signature) Dan H. Dortch Pres.** **3/23/03** **561 309 8320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)