

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000063724

1. Entity Name

FLEET AUTO GLASS SERVICES, INC.

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90148 019 ***150.00

Principal Place of Business

1402 PROVINCE TOWN CIR
LUTZ FL 33549

Mailing Address

PO BOX 2266
LUTZ FL 33549

609632



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3267869

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

33548

Country

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

FREY, PHILIP J
1402 PROVINCE TOWN CIR
LUTZ FL 33549

Name

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

City

FL

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

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
DP
FREY, PHILIP J
1402 PROVINCETOWN CIRCLE
LUTZ FL 33549 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
FREY, MARK D
1402 PROVINCETOWN CIRCLE
LUTZ FL 33549 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
16213 Fantasia Dr
Tampa, FL 33624 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
FREY, APRIL
1402 PROVINCETOWN CIRCLE
LUTZ FL 33549 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
16213 Fantasia Dr
Tampa, FL 33624 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2001

Date

Daytime Phone #

813-
949-5959

CR2E034 (10/00)