2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092215

1. Entity Name

ALLIED AUTO GLASS NETWORK, INC.



FILED May 01, 2003 8:00 am Secretary of State

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| 7208 ALOMA | e of Business | | | ng Address | | | | | | |
| SUITE 200 | | | P O BOX 5730 WINTER PARK FL 32793-5730 | | | | | | | |
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| | lace of Busin | | l a Mai | ilina Address | | | | | | |
| 2. Principal Place of Business | | 3. Mai | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suit | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City | City & State | | | 4. FEI Number 59-3279057 | | | oplied For ot Applicable | |
| Zip | Zip Country | | | Zip Country | | | Certificate of Status Desired | | 8.75 Add | ditional |
| 6. Name and Address of Current Re | | | rent Registers | ed Agent | | 7. 1 | Name and Address of New Regi | | <u>-</u> | |
| | | | | | Name | | 3 | | | |
| | AK, MICHAE | L | | | Street Addres | s (P.O. E | Box Number is Not Acceptable) | | | |
| 750 SAXO | in BLVD | | | | | | , | | | , |
| DELTONA | FL 32725 | | | | | | | | | 1 |
| | | | | | City | _ _ | | FL | Zip Code | e |
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| | ions of registe | | ent for the purp | oose or changing its | registered office or regis | tered ag | ent, or both, in the State of Florida | a. Familai | miliai wiin, | and accept |
| SIGNATURE _ | Signature, typed o | or printed name of registered | agent and title if app | olicable. (NOTE | : Registered Agent signature requ | ired when re | einstating) | DATE | · | |
| E1 | I E NOW!!! | FEE IS \$150.00 | - | | | | T | | W | |
| | | 3 Fee will be \$550 | | l . | | | 9. Election Campaign Finance | | | May Be |
| | | | | | | | Trust Fund Contribution. | | Added | I to Fees |
| | L rayable to | riorida Departine | nt of State | | | | | | | |
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| 10. | D | | AND DIRECTO | | 11. | AD | DOITIONS/CHANGES TO OFFICE | | | |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #