2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED May 21, 2002 8:00 am Secretary of State P95000062312 DOCUMENT # 1. Entity Name PASCO GLASS CO., INC. 05-21-2002 91241 049 ***150.00 Mailing Address Principal Place of Business 4843 ALLEN RD 4843 ALLEN RD ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33541 2. Principal Place of Business 3. Mailing Address <u>3608 Allen</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3333241 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent KERSEY, LESLEY T Street Address (P.O. Sox Number is Not Acceptable) 4843 ALLEN RD ZEPHYRHILLS FL 33541 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, B. KERSEY SIGNATURE and title if applicable FILE NOW!!! FEE IS \$150.00 9: This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT CR2E034 (9/01) Change ☐ Addition TITLE TITLE FLOYD B. KERSEY KERSEY, LESLEY T NAME NAME 3608 ALLEN PD 4843 ALLEN RD STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33541 CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change KERSEY, FLOYD B III NAME NAME STREET ADDRESS STREET ADDRESS 4843 ALLEN RD CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 33541 TITLE ☐ Delete TITLE ☐ Change Addition NAME, NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE □ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 regeiver 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.