

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90063 003 ***150.00

DOCUMENT # P95000069691

1. Entity Name

WALL GLAZING LIMITED, INC.

Principal Place of Business

Mailing Address

**6101 JOHNS ROAD
 SUITE 7
 TAMPA FL 33634**

**6101 JOHNS ROAD
 SUITE 7
 TAMPA FL 33634**

961615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5825 Idle Forest Place

5825 Idle Forest Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL 33614

City & State

Tampa, FL 33614

4. FEI Number

59-3335725

Applied For

Not Applicable

Zip

33614

Country

USA

Zip

33614

Country

USA

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

**WALL, JAMES C
 6101 JOHNS ROAD
 SUITE 7
 TAMPA FL 33634**

Name

Street Address (P.O. Box Number is Not Acceptable)
5825 Idle Forest Place

City

Tampa

FL

Zip Code
33614

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **WALL, JAMES C**
 CITY-ST-ZIP **6101 JOHNS ROAD #7
 TAMPA FL 33634**

TITLE ☒ Change ☐ Addition
 NAME **President/Director**
 STREET ADDRESS **James C Wall**
 CITY-ST-ZIP **5825 Idle Forest Place
 Tampa, FL 33614**

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **CAVANAUGH, RITA R**
 CITY-ST-ZIP **6101 JOHNS RD, SUITE 7
 TAMPA FL 33634**

TITLE ☒ Change ☐ Addition
 NAME **Vice President/Sec-Treas/Director**
 STREET ADDRESS **Rita R Cavanaugh**
 CITY-ST-ZIP **5825 Idle Forest Place
 Tampa, FL 33614**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **NARRAMORE, WILLIAM R**
 CITY-ST-ZIP **6101 JOHNS ROAD #7
 TAMPA FL 33634**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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

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

James C Wall

04 24 01

Date

813 888 9723

Daytime Phone #

CR2E034 (10/00)