

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
 05-16-2000 90027 007 ***150.00

00049294

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000088953 ✓
1. Entity Name Dsm Auto Glass, Inc.

Principal Place of Business 5336 McIntosh Pt
 Sanford, FL 32773
Mailing Address 1244 Seybold Terrace
 Deltona, FL 32725

2. Principal Place of Business 668 Pickfair Terrace
 Suite, Apt. #, etc.
3. Mailing Address 668 Pickfair Terrace
 Suite, Apt. #, etc.

City & State Lake Mary, FL
City & State Lake Mary, FL
Zip 32746 **Country** USA **Zip** 32746 **Country** USA

4. FEI Number 59-3343335
Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Kelsey David L.
 1244 Seybold Terrace
 Deltona, FL 32725-3537

7. Name and Address of New Registered Agent
Name Kelsey, David L.
Street Address (P.O. Box Number is Not Acceptable) 668 Pickfair Terrace
City Lake Mary **FL** **Zip Code** 32746

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]*
 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, 2000 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

TITLE PD	<input type="checkbox"/> Delete
NAME Kelsey, David L.	
STREET ADDRESS 1244 Seybold Terrace	
CITY-ST-ZIP Deltona, FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Kelsey, David L.	
STREET ADDRESS 668 Pickfair Terrace	
CITY-ST-ZIP Lake Mary, FL 32746	
TITLE VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Davlin, Kristie	
STREET ADDRESS 668 Pickfair Terrace	
CITY-ST-ZIP Lake Mary, FL 32746	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 4/20/2000 **Daytime Phone #** 407-322-7676

CR2E034 (9/99)