

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91141 045 ***150.00

0047780

DOCUMENT # P95000088953

1. Entity Name
DSM AUTO GLASS, INC.

Principal Place of Business Mailing Address
668 PICKFAIR TERRACE 668 PICKFAIR TERRACE
LAKE MARY FL 32746 LAKE MARY FL 32746
US US

00046754

2. Principal Place of Business Suite, Apt. #, etc.
 City & State Zip Country

3. Mailing Address Suite, Apt. #, etc.
 City & State Zip Country



DO NOT WRITE IN THIS SPACE

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) **158 RIVERSHORE DRIVE**
 City **SAN MATEO** FL Zip Code **32187**

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 *David Kelsey* **DAVID KELSEY, PRESIDENT** **4/30/2001**
 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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELSEY, DAVID L		NAME	KELSEY, DAVID L.	
STREET ADDRESS	1244 SEYBOLD TERR		STREET ADDRESS	158 RIVERSHORE DR.	
CITY-ST-ZIP	DELTONA FL		CITY-ST-ZIP	SAN MATEO, FL 32187	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DEVLIN, KRISTIE	
STREET ADDRESS			STREET ADDRESS	668 PICKFAIR TERRACE	
CITY-ST-ZIP			CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *David Kelsey* **DAVID L. KELSEY, PRESIDENT** **4/30/2001** **407-322-7676**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)