

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90218 043 ***150.00

DOCUMENT # P95000093827

1. Entity Name

ADVANCED GLASS & MIRROR, INC.

Principal Place of Business

6572 SEMINOLE BLVD
SEMINOLE FL 33772
US

Mailing Address

6572 SEMINOLE BLVD
SEMINOLE FL 33772
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3364952

Applied For

Not Applicable

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

HAYES, WAYNE
6572 SEMINOLE BLVD
SEMINOLE FL 33709

Name Hayes, Wayne

Street Address (P.O. Box Number is Not Acceptable)
6572 Seminole Blvd.

City Seminole

FL

Zip Code 33772

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 *Wayne L Hayes*
Signature, typed or printed name of registered agent and title if applicable.

President

1-2-01
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 P
NAME HAYES, WAYNE
STREET ADDRESS 6658 56TH AVENUE NORTH
CITY-ST-ZIP ST PETE FL 33709 ☐ Delete

TITLE President
NAME Hayes, Wayne
STREET ADDRESS 1523 pelican place
CITY-ST-ZIP palm harbor, FL 34683 ☒ Change ☐ Addition

TITLE Vice President
NAME Hayes, Lisa
STREET ADDRESS 1523 pelican place
CITY-ST-ZIP palm harbor, FL 34683 ☐ Delete

TITLE Vice president
NAME Hayes, Lisa
STREET ADDRESS 1523 pelican place
CITY-ST-ZIP palm harbor, FL 34683 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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: *Wayne L Hayes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE L. HAYES

Date

Daytime Phone #

CR2E034 (10/00)