

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90040 012 ***150.00

DOCUMENT # P96000011911

1. Entity Name
3D GLASS & MIRROR, INC.

Principal Place of Business Mailing Address
513 CYPRESS AVE 513 CYPRESS AVE
VENICE FL 34292 VENICE FL 34292

927789



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
536 E VENICE AV 536 E VENICE AV

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
VENICE VENICE

4. FEI Number Applied For
65-0659766 Not Applicable

Zip Country Zip Country
FL 34292 FL 34292

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

PRUITT, DARIELL
513 CYPRESS AVENUE
VENICE FL 34292

Name **PRUITT DARRELL**
 Street Address (P.O. Box Number is Not Acceptable)
536 E VENICE AV
 City **VENICE** FL Zip Code **34292**

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]* **DARRELL PRUITT, PRES** **2-6-02**
(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, 2002 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D PRUITT, DARRELL 613 GRANADA AVE. VENICE FL 34285	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DP PRUITT, DARRELL 613 GRANADA AVENUE VENICE FL 34285
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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]* **DARRELL PRUITT** **2-6-02** **941 488 0263**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)