

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076197

1. Entity Name

PANE IN THE GLASS, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90028 036 ***150.00

Principal Place of Business

Mailing Address

13951 STIRLING ROAD
FORT LAUDERDALE FL 33330
US

13951 STIRLING RD
FT LAUDERDALE FL 33330-3026

2. Principal Place of Business

3. Mailing Address

1580 Cupid Ave

1580 Cupid Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Christmas, FL.

City & State

Christmas, FL.

4. FEI Number

65-0698641

Applied For

Not Applicable

Zip

32709

Country

USA

Zip

32709

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

WILLIAMSON, BARBARA
13951 STIRLING RD
FT LAUDERDALE FL 33330

new address:

Name

Barbara Williamson

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

1580 Cupid Ave.

City

Christmas

FL

Zip Code

32709

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

Barbara Williamson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS BARBARA WILLIAMSON
CITY-ST-ZIP 13951 STIRLING RD
FT LAUDERDALE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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 another like empowered.

SIGNATURE:

Barbara Williamson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

407 568 6757

Daytime Phone #

CR2E034 (9/99)