

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079737

1. Entity Name

JOE BROWDER CONSOLIDATED FIBERGLASS, INC.

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90232 041 ***550.00

Principal Place of Business

802 EAST CANAL STREET
 MULBERRY FL 33860

Mailing Address

P.O. BOX 1334
 BARTOW FL 33831-1334

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

59-3401337

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

BROWDER, SHIRLEY A
 4425 MEADOW RIDGE AVE.
 MULBERRY FL 33860

Name

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

City

FL

Zip Code

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

(NOT)

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!
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 ☐ Delete
 NAME BROWDER, JOE
 STREET ADDRESS 4425 MEADOW RIDGE AVE.
 CITY-ST-ZIP MULBERRY FL 33860

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

TITLE V ☐ Delete
 NAME BROWDER, ROGER
 STREET ADDRESS 695 GROVE DRIVE
 CITY-ST-ZIP BARTOW FL 33830

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

TITLE ST ☐ Delete
 NAME BROWDER, SHIRLEY A
 STREET ADDRESS 4425 MEADOW RIDGE AVE.
 CITY-ST-ZIP MULBERRY FL 33860

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 no 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; 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:

Shirley A Browder
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-18-01 803-425-2441

CR2E034 (10/00)