

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90014 034 ***150.00

DOCUMENT # P96000079737

1. Entity Name

JOE BROWDER CONSOLIDATED FIBERGLASS, INC.

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

BROWDER, SHIRLEY A

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

110 OLD CONNERSVILLE ROAD

City

BARTOW

FL

Zip Code

33830

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.

(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

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

TITLE **P** ☒ Change ☐ Addition
 NAME **BROWDER, JOE**
 STREET ADDRESS **110 OLD CONNERSVILLE ROAD**
 CITY-ST-ZIP **BARTOW, FL 33830**

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 **ST** ☒ Change ☐ Addition
 NAME **BROWDER, SHIRLEY A**
 STREET ADDRESS **110 OLD CONNERSVILLE ROAD**
 CITY-ST-ZIP **BARTOW, FL 33830**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 NAME
 STREET ADDRESS
 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 all other like empowered.

SIGNATURE: *Shirley A Browder* Shirley A Browder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-02 863-425-2441

Date Daytime Phone #

CR2E034 (9/01)