## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P97000003017 Jan 27, 2000 8:00 am Secretary of State 1. Entity Name ERIC'S GLASS STATION, INC. 01-27-2000 90117 021 \*\*\*150.00 Mailing Address Principal Place of Business % COMPUKEEPER 1855 SW 4TH AVE 1446 NW 2ND AVE BOCA RATON FL 33432-1611 DELRAY BCH FL 33444 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3420377 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required \_\_\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SULGER, ERIC Street Address (P.O. Box Number is Not Acceptable) 817 GRANDA LN LITTLE TORCH KEY FL 33042 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition TITLE Delete NAME SULGER, ERIC NAME STREET ADDRESS STREET ADDRESS 817 GRANDA LN CITY-ST-ZIP CITY-ST-ZIP LITTLE TOUCH KEY FL 33042 ☐ Addition TITLE ☐ Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.

- Eric Sulger President

SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-278-9709

1/3/2000

Daytime Phone #