

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90122 004 ***150.00

DOCUMENT # P97000008544

1. Entity Name

ADVENTURE GLASS OF CENTRAL FLORIDA, INC.

Principal Place of Business

**37 N ORANGE BLOSSOM TR
 ORLANDO FL 32805
 US**

Mailing Address

**37 N ORANGE BLOSSOM TR
 ORLANDO FL 32805
 US**

2. Principal Place of Business

**16433 E Shirley Shores Rd.
 Suite, Apt. #, etc.**

3. Mailing Address

**16433 E. Shirley Shores Rd.
 Suite, Apt. #, etc.**

City & State

Tavares, Florida

City & State

Tavares, Florida

4. FEI Number

59-3427942

Applied For

☐ Not Applicable

Zip

32778

Country

USA

Zip

32778

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CHANG, CHUN
 4926 RED BAY DRIVE
 ORLANDO FL 32829**

7. Name and Address of New Registered Agent

Name **Tony S. Chang**

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

659 Hardwood Circle

City **Orlando**

FL

Zip Code

32828

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 **Tony S. Chang**

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

(NOTE: Registered Agent signature required when reinstating)

02/13/02

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

TITLE **ST** ☐ Delete
 NAME **TANNERY, DEBORAH R**
 STREET ADDRESS **16433 E. SHIRLEY SHORES RD.**
 CITY-ST-ZIP **TAVARES FL**

TITLE **P** ☐ Delete
 NAME **CHANG, TONY S**
 STREET ADDRESS **659 HARWOOD CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32828-8292**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/02

Date

(352) 343-1137

Daytime Phone #

CR2E034 (9/01)