

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90165 025 ***150.00

DOCUMENT # P97000028742

1. Entity Name

A & B GLASS AND MIRROR OF DUNEDIN, INC.



Principal Place of Business
**947 HUNTLEY AVENUE
DUNEDIN FL 34698**

Mailing Address
**947 HUNTLEY AVENUE
DUNEDIN FL 34698**

2. Principal Place of Business

3. Mailing Address

256 President Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dunedin Florida

Zip

Country

34698

Country

Pinellas

4. FEI Number

59-3446138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PHILLIPS, WAYNE H
947 HUNTLEY AVENUE
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name

PHILLIPS, WAYNE H

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

256 President Street

City

Dunedin

FL

Zip Code

34698

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **PHILLIPS, WAYNE H**
STREET ADDRESS **256 PRESIDENT STREET**
CITY-ST-ZIP **DUNEDIN FL 34698**

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

TITLE **SD** ☐ Delete
NAME **PHILLIPS, GAY M**
STREET ADDRESS **256 PRESIDENT STREET**
CITY-ST-ZIP **DUNEDIN FL 34698**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(President)

Date

Jan 27/03

Daytime Phone #

727-734-0006

CR2E034 (10/02)