

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90125 002 ***150.00

DOCUMENT # P97000060159

1. Entity Name

ACCURATE GLASS CO OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

3415 OKEECHOBEE RD.
 FT. PIERCE FL 34947

3415 OKEECHOBEE RD.
 FT. PIERCE FL 34982-8216

2. Principal Place of Business

3. Mailing Address

601 B South Market Ave 601 B South Market Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Fort Pierce FL

City & State
 Fort Pierce FL

4. FEI Number **65-0750372**

Applied For
 Not Applicable

Zip
 34982 Country
 St Lucie

Zip
 34982 Country
 St Lucie

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

BROOKS, DONALD G

**3415 OKEECHOBEE RD.
 FT. PIERCE FL 34947**

601 B South Market Ave

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 **Donald G Brooks**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

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, 2000 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	<input type="checkbox"/> Delete
NAME	BROOKS, DONALD G	
STREET ADDRESS	1902 S. 34TH STREET	
CITY-ST-ZIP	FT. PIERCE FL 34947	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASCENZI, TERRY A	
STREET ADDRESS	452 SW CURTIS STREET	
CITY-ST-ZIP	PORT ST LUCIE FL-34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Donald G Brooks**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 561-460 6531