2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 03, 2000 8:00 am Secretary of State DOCUMENT # **P97000060385** 1. Entity Name SIGNATURE GLASS & BEVELING, INC. 04-03-2000 90030 013 ***150.00 Principal Place of Business Mailing Address 1122 SE 9TH LN P.O BOX 214726 CAPE CORAL FL 33909 S. DAYTONA FL 32119 829738 2. Principal Place of Business 3. Mailing Address 1631 S.NOVA RD. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0770253 SOÚTH DAYTONA, Not Applicable FL Country \$8.75 Additional 5. Certificate of Status Desired 32119 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURNETT, RANDOM R Street Address (P.O. Box Number is Not Acceptable) 501 N. GRANDVIEW AVE. DAYTONA BEACH FL 32118 Zip Code FI 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. 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 D ☐ Delete TITLE Change ☐ Addition MILLER, BARBARA J. NAME MILLER, BARBARA J NAME 1631 S. NOVA RD. STREET ADDRESS STREET ADDRESS 952 BIG TREE RD. SOUTH DAYTONA , FL 32119 CITY-ST-ZIP CITY-ST-ZIP S. DAYTONA FL 32119 ☐ Delete TITLE [] Change Addition TITLE NAME MILLER, MARK J. NAME MILLER, MARK J STREET ADDRESS STREET ADDRESS 1631 S.NOVA RD. 952 BIG TREE RD CITY-ST-ZIP CITY-ST-ZIP SOUTH DAYTONA, FL S DAYTONA FL 32119 32119 ☐ Change ☐ Addition ☐ Delete TITLE 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 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURÉ

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

BOATEN BE A PROPERTY OF PRINCE NAME DE BIGNING OFFICER OR DIRECTOR

3/27/00

904-756-0500

Date

Daytime Phone #