

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082759

1. Entity Name

AFFORDABLE AUTO GLASS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90043 045 ***158.75

Principal Place of Business

7614 PROGRESS CIRCLE
 #106
 WEST MELBOURNE FL 32904

Mailing Address

7614 PROGRESS CIRCLE
 #106
 WEST MELBOURNE FL 32904-2253

2. Principal Place of Business

6951 Vickie Circle
 Suite, Apt. #, etc.
 Unit D

3. Mailing Address

6951 Vickie Circle #D
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Melbourne FL
 Zip 32904 Country U.S.A.

City & State

West Melbourne FL
 Zip 32904 Country U.S.A.

4. FEI Number

59-3471710

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEFFEL, TODD W
 7614 PROGRESS CIRCLE
 #106
 WEST MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name TODD W. LEFFEL
 Street Address (P.O. Box Number is Not Acceptable)
 6951 Vickie Circle
 Unit D
 City West Melbourne FL Zip Code 32904

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)

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, 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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	LEFFEL, TODD W	
STREET ADDRESS	7614 PROGRESS CIRCLE	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	
TITLE	DVPS	<input checked="" type="checkbox"/> Delete
NAME	LEFFEL, TODD W.	
STREET ADDRESS	1001 W EAU-GALLIE BLVD., #128	
CITY-ST-ZIP	MELBOURNE FL 32935	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPTS VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leffel, Todd W	
STREET ADDRESS	6951 Vickie Circle Unit D	
CITY-ST-ZIP	West Melbourne, FL 32904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 321-728-0070