2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000086530** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name GANDY GLASS COMPANY, INC. 04-10-2000 90111 025 ***150.00 Principal Place of Business Mailing Address 2291 HIGHWAY 92 EAST 2291 HIGHWAY 92 EAST PLANT CITY FL 33566 PLANT CITY FL 33566 2. Principal Place of Business 7/1 5. Collins DO NOT WRITE IN THIS SPACE Oity & State Applied For 4. FEI Number 59-3482505 Not Applicable Hillsborough 33<u>566</u> \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GANDY, CAMERON T 2291 HIGHWAY 92 EAST PLANT CITY FL 33566 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 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITHE ☐ Change ☐ Addition ☐ Delete TITLE GANDY, CAMERON T NAME MAME 2991 HIGHWAY 92 EAST 7/1 5. CO 1/1/1/5 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-7IP PLANT CITY FL 33566 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -- □ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 his 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 appowered.