

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001395

1. Entity Name

CENTRAL STATE CUSTOM GLASS AND MIRROR, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90090 023 ***150.00

Principal Place of Business

5570 N.W. 96TH LANE
OCALA FL 34482

Mailing Address

5570 N.W. 96TH LANE
OCALA FL 34482-7322

2. Principal Place of Business

2677 N.W. 10TH ST

Suite, Apt. #, etc.

SUITE 4

City & State

OCALA FL

Zip

34475

Country

MARION

3. Mailing Address

2677 N.W. 10TH ST

Suite, Apt. #, etc.

SUITE 4

City & State

OCALA FL

Zip

34475

Country

MARION



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3488228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIBSON, PAUL R
5570 N.W. 96TH LANE
OCALA FL 34482

7. Name and Address of New Registered Agent

Name

SEAN GIBSON

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

2677 N.W. 10TH ST

SUITE 4

City

OCALA

FL

Zip Code

34475

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

3-10-00

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, PAUL R	
STREET ADDRESS	5570 N.W. 96TH LANE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	GIBSON, SEAN	
STREET ADDRESS	5570 NW 96TH LN	
CITY-ST-ZIP	OCALA FL 34482	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PAT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAN GIBSON	
STREET ADDRESS	2677 NW 10TH ST SUITE 4	
CITY-ST-ZIP	OCALA FL 34475	
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

SEAN GIBSON

Date

Daytime Phone #

3-10-00 352-401-9977

CR2E034 (9/99)