

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90440 033 ***150.00

DOCUMENT # P98000018182

1. Entity Name
Reliable GLASS INC. DBA
GLASS DOCTOR

Principal Place of Business

Mailing Address

3520 CONSUMER ST

PO BOX 10645

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

City & State

RIVIERA BEACH FL

City & State

RIVIERA BEACH FL

4. FEI Number

45-0818637

Applied For

Not Applicable

Zip

33404 Palm Beach

Zip

33419 PALM BEACH

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

Name

STANLEY CHITOFF

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

15220 CEDAR BLUFF PLACE

City

WELLINGTON

FL

Zip Code

33414

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

SIGNATURE Stanley G. Chitoff Pres.

(NOTE: Registered Agent signature required when installing)

4/27/2000
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P+D
NAME STANLEY G CHITOFF
STREET ADDRESS 15220 CEDAR BLUFF PLACE
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S+T+D
NAME DENNIS D DUDASH
STREET ADDRESS 937 GUSTAF PONT DR
CITY-ST-ZIP PALM BEACH GARDEN, FL 33418

TITLE
NAME
STREET ADDRESS
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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

4/27/2000 1-541-863-5363
Date Daytime Phone #

CR2E034 (9/99)