

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0120386  
AT

DOCUMENT # P98000031695

1. Entity Name  
AUTO GLASS REPAIR, INC.



03 SEP 10 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
950-23 BLANDING BLVD.  
MAIL BOX #301  
ORANGE PARK FL 32065

Mailing Address  
950-23 BLANDING BLVD.  
MAIL BOX #301  
ORANGE PARK FL 32065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3500200

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNIDER, JODIE  
950-23 BLANDING BLVD.  
MAIL BOX #301  
ORANGE PARK FL 32065

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jodie R. Snider*  
Signature, typed or printed name of registered agent and title if applicable.

Jodie R. Snider, President 8-13-03  
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SNIDER, JODIE	
STREET ADDRESS	950-23 BLANDING BLVD. MAIL BOX #301	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Jodie R. Snider* 8-13-03 (904) 880-4555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)