## 2002 UNIFORM BUSINESS REPORT (UBR)

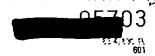
SIGNATURE:

## Apr 11, 2002 8:00 am Secretary of State DOCUMENT # P98000061542 04-11-2002 90702 033 \*\*\*150.00 AUTO GLASS OF ORLANDO, INC. Principal Place of Business Mailing Address PO BOX 5729 7208 ALOMA AVENUE SUITE 200 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3525279 Not Applicable Zip Country Zio Country \$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 PASTERNAK, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 750 SAXON BLVD. **DELTONA FL 32725** City 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. Signature Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) TITLE ☐ Delete TITLE Change ☐ Addition PASTERNAK, MICHAEL H NAME NAME CR2E034 STREET ADDRESS 750 SAXON BLVD STREET ADDRESS **DELTONA FL 32725** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITO F Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY=ST-ZIP CITY-ST-ZIP Delete mile TITLE Change ... Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Addition TITLE ☐ Chance TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusfae 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 appress, with all other like empowered.

**FILED** 

## AHACAMENT #98000061542 763468/

AUTO GLASS OF FLORIDA IV P.O. BOX 149023 ORLANDO, FL 32814-9023 Bank of America ACH R/T 063100277



Feb	11 Ø2
AMOUNT	\$150.00

PAY

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* One Hundred Fifty and 00/100 \*\*\*\*\*\*\*\*

TO THE ORDER OF

FLORIDA DEPT OF REVENUE STATE

DEFARTMENT OF STATE
FOR DEPOSIT GNLY
ACCUMUS 100006.5796