

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061542

1. Entity Name  
AUTO GLASS OF ORLANDO, INC.

Principal Place of Business

7206 ALOMA AVENUE  
SUITE 200  
WINTER PARK FL 32792

Mailing Address

PO BOX 5729  
WINTER PARK FL 32792

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3525279

Applied For

Not Applicable

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

PASTERNAK, MICHAEL  
750 SAXON BLVD.  
DELTONA FL 32725

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$169.00**

**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P PASTERNAK, MICHAEL H 750 SAXON BLVD DELTONA FL 32725	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Michael Pasternak*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90702 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Attachment #98000061542  
76346 ✓

Bank of America  
ACH R/T 063100277

05703



AUTO GLASS OF FLORIDA IV  
P.O. BOX 149023  
ORLANDO, FL 32814-9023

DATE	Feb 11 02
AMOUNT	\$150.00

PAY

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

TO THE  
ORDER  
OF

FLORIDA DEPT OF REVENUE STATE

*Renee Presnell*

⑈005703⑈ ⑆063000047⑆ 002834078279⑈

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT # 1009065796  
FEB 21 2002