

DOCUMENT # P98000089483

1. Entity Name

HERITAGE GLASS & WINDOW, INC.

Principal Place of Business

1215 S.E. ELM STREET
HIGH SPRINGS FL 32643

Mailing Address

POST OFFICE BOX 3207
HIGH SPRINGS FL 32655-3207

2. Principal Place of Business

2615 NW 1st Ave C
High Springs, FL 32643
Suite, Apt. #, etc.
C

3. Mailing Address

same as above.
Suite, Apt. #, etc.

City & State

High Springs FL

City & State

High Springs FL

4. FEI Number

59-3539674

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELFI, MARY C
1215 S.E. ELM STREET
HIGH SPRINGS FL 32643

7. Name and Address of New Registered Agent

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

Mary C. Melfi

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/01

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, 2001 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 P
NAME MELFI, ROBERT E
STREET ADDRESS 1215 S.E. ELM STREET
CITY-ST-ZIP HIGH SPRINGS FL 32643

☐ Delete

TITLE VP
NAME BLELLO, WILLIAM A
STREET ADDRESS 380 N HWY 441 NORTH
CITY-ST-ZIP HIGH SPRINGS FL 32643

☐ Delete

TITLE S
NAME MELFI, MARY C
STREET ADDRESS 1215 S.E. ELM STREET
CITY-ST-ZIP HIGH SPRINGS FL 32643

☐ Delete

TITLE T
NAME BIELLO, SHERRI L
STREET ADDRESS RT. 2 BOX 380
CITY-ST-ZIP HIGH SPRINGS FL 32643

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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:

Mary C. Melfi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/01

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90068 016 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)