

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000105962**

1. Entity Name

TEAM AUTO GLASS, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90069 021 ***150.00

Principal Place of Business

Mailing Address

**3207 N US HWY 1
FORT PIERCE FL 34946****3207 N US HWY 1
FORT PIERCE FL 34946-8705**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0884815**Applied For
Not Applied For5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, JUSTIN R
318 CONN WAY
VERO BEACH FL 32963**

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

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, JUSTIN R	
STREET ADDRESS	318 CONN WAY	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILSON, PAMELA S.	
STREET ADDRESS	1702 40TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RADEBAUGH, CUSHMAN S III	
STREET ADDRESS	5512 DAVIS ST	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	V	<input type="checkbox"/> Delete
NAME	IVY, KEVIN M	
STREET ADDRESS	710 FLORIDA AVE	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Pamela Sue Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-00

Date

561-468-8848

Daytime Phone #