FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # P99000018227 05-18-2001 90021 014 ***150.00 FIRST CLASS GLASS & MIRROR, INC. Principal Place of Business Mailing Address 15167 RESTER DRIVE 15167 RESTER DRIVE **BROOKSVILLE FL 34613** BROOKSVILLE FL 34613 656137 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3555532 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ernando Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAILEY, LAUREN Street Address (P.O. Box Number is Not Acceptable) 17706 RABBIT FARM ROAD SPRING HILL FL 34610 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE CORTALANO, JOHN FRANK SR. NAME NAME 15187 RESTER DRIVE 9268 Languarthy De STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34613** · President/120060 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Wendy Cortalano NAME 9268 Languarthy Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE - Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.