

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000026524**

1. Entity Name

COMPETITIVE GLASS INC.

FILED

00 JUN -9 PH 12:35

Principal Place of Business

1551 N. KEPLER RD.
DELAND FL 32724

Mailing Address

1551 N. KEPLER RD.
DELAND FL 32724-3278

SECRETARY OF STATE
00080574 SEE. FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Deland Fla.

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

592987193

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOETZ, STEVEN F.
2025 DUNCAN TRACE
DELAND FL 32720**

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)

4-27-00

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 State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Delete

NAME *President Steven F. Goetz*
STREET ADDRESS *2025 Duncan Trace*
CITY-ST-ZIP *Deland Fla. 32720*

TITLE Delete

NAME *Vice President Brenda Goetz*
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete

NAME *2025 Duncan Trace Deland Fla.*
STREET ADDRESS
CITY-ST-ZIP *32720*

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition

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CITY-ST-ZIP

TITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00 *904-738*
4715

Date

Daytime Phone #

C12E034 (9/99)