

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90173 035 ***158.75

DOCUMENT # **P99000028678**

1. Entity Name
ACCURATE GLASS & DOOR, INC.



Principal Place of Business
P.O. BOX 3077
BONITA SPRINGS FL 34133

Mailing Address
P.O. BOX 3077
BONITA SPRINGS FL 34133



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0911999**

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

COGBURN, WILLIAM P
8870 COLONNADES COURT W., #334
BONITA SPRINGS FL 34135

Name

Lisa Coakburn

Street Address (P.O. Box Number is Not Acceptable)

8870 Colonnades Ct. W. #334

City

Bonita Springs FL

FL

Zip Code

34135

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lisa Coakburn, Business Manager*

(NOTE: Registered Agent signature required when reinstating)

DATE

2-26-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **COGBURN, WILLIAM P** Delete
STREET ADDRESS **8870 COLONNADES COURT W., #334**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William P. Coakburn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-03
Date

239 272-9668
Daytime Phone #

CR2E034 (10/02)