

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030893

1. Entity Name

ART GLASS & DOORS, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90053 033 ***150.00

Principal Place of Business

Mailing Address

~~3801 W LAKE MARY BLVD., SUITE 111~~
~~LAKE MARY FL 32746~~

~~3801 W LAKE MARY BLVD., SUITE 111~~
~~LAKE MARY FL 32746-6160~~

2. Principal Place of Business

1486 Seminole Blvd

3. Mailing Address

P.O. Box 915516

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 6

City & State

Casselberry FL

City & State

Longwood FL

Zip

32707

Country

USA

Zip

32791-5516

Country

USA

4. FEI Number

59-3570087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAMMOND, ELEANOR B
3801 W LAKE MARY BLVD., SUITE 111
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name: Hammond, Eleanor B.
Street Address (P.O. Box Number is Not Acceptable): 1050 Sweetwater Club Blvd
City: Longwood FL Zip Code: 32779

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: Eleanor B. Hammond

(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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMMOND, ELEANOR B 3801 W LAKE MARY BLVD., SUITE 111 LAKE MARY FL 32746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hammond, Eleanor B. 1050 Sweetwater Club Blvd Longwood, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Eleanor B. Hammond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-00 467-788-1361

Date

Daytime Phone #

CR2E034 (9/99)