

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90008 037 \*\*\*158.75

AVUD1030

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P990000088237**  
 1. Entity Name  
**INSTANT GLASS & MIRROR OF S. FLA., INC**

Principal Place of Business Mailing Address  
**2843 MELALEUCA DR.** **SAME**  
**W.P.B., FL 33406**

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 **65-0953193**  
 Applied For Not Applicable  
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ROBERT KIESLING PA, EA**  
**4793 N. CONGRESS AVE.**  
**BONITA BEACH, FL 33426**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back) **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          | <b>DIRECTOR</b>           | <input type="checkbox"/> Delete |
| NAME           | <b>ANTHONY MARTIN</b>     |                                 |
| STREET ADDRESS | <b>2843 MELALEUCA DR.</b> |                                 |
| CITY-ST-ZIP    | <b>W.P.B., FL 33406</b>   |                                 |
| TITLE          | <b>PRESIDENT</b>          | <input type="checkbox"/> Delete |
| NAME           | <b>MELISSA DEMERSKI</b>   |                                 |
| STREET ADDRESS | <b>2843 MELALEUCA DR.</b> |                                 |
| CITY-ST-ZIP    | <b>W.P.B., FL 33406</b>   |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| 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: **Melissa Demerski** **MELISSA DEMERSKI** **7-7-00** **561-758-1221**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

P99000088239

ACC07836

**Instant Glass & Mirror of South Florida, Inc.**  
2843 Melaleuca Drive  
West Palm Beach, FL 33406

July 7, 2000

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

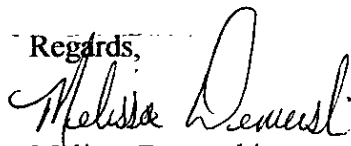
RE: Late Filing

Dear Sir/Madam:

We just opened our business in October of 1999. I was aware that I was going to need to file this report with you once a year, but I assumed that it would be due in October considering that is when I filed. I was having a conversation with my Aunt, which is the President of a Corporation, *regarding filing taxes and reports for Corporations when she mention the Uniform Business Report was due every year by May 1<sup>st</sup>.* She said that I should have received the report in the mail. I never received this report, so I called your office and spoke to a Mr. Fisher, after relating the chain of events to him, he said he would mail me the report and to mail it back with a letter explaining what had happen. He said to only send in the \$150.00 that you would more than likely waive the fee this time and if not you would bill me for it.

I'm sorry for any inconvenience this may have caused. If you have any questions or need additional information please contact me at (561)758-1221.

Regards,

  
Melissa Demerski  
President