

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100863

1. Entity Name
BUSY BEE GLASS & MIRROR, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90296 020 ***150.00

Principal Place of Business
24100 TISEO BLVD.
PORT CHARLOTTE FL 33980

Mailing Address
24100 TISEO BLVD.
PORT CHARLOTTE FL 33980

00013232

5760 Youngquist Ave

2. Principal Place of Business

3. Mailing Address

5760 Youngquist Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Fort Myers

Fort Myers

City & State
FLORIDA

City & State
FLORIDA

4. FEI Number 65-0977648

Applied For

Not Applicable

Zip 33912

Country Lee

Zip 33912

Country Lee

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

GUNDERSON, MIKO P
C/O BATSEL, MCKINLEY, ITTERSAGEN, P.A.
1861 PLACIDA RD., STE. 204
ENGLEWOOD FL 34223

Name ALBERT J TISEO

Street Address (P.O. Box Number is Not Acceptable)
5760 Youngquist Ave

City Fort Myers FL Zip 33912

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)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TISEO, ALBERT 24100 TISEO BLVD. PORT CHARLOTTE FL 33980	<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
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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

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

Date

Daytime Phone #

CR2E034 (10/00)