

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107247

1. Entity Name

ETCHED GLASS OVERLAY, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90025 016 ***150.00

Principal Place of Business

Mailing Address

~~2100 UNIVERSITY DR. SUITE 100~~
CORAL SPRINGS FL 33071

~~2130 UNIVERSITY DR. SUITE 189~~
CORAL SPRINGS FL 33071



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8901 NW 38th DR
Suite, Apt. #, etc.
108

8901 NW 38th
Suite, Apt. #, etc.
108

Coral Springs, FL

Coral Springs, FL

Zip
33065

Country
USA

Zip
33065

Country
USA

4. FEI Number

65-0992389

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

MILLER, DIANNE
2139 UNIVERSITY DR, SUITE 189
CORAL SPRINGS FL 33071

Name
MILLER, DIANNE
Street Address (P.O. Box Number is Not Acceptable)
8901 NW 38th DR #108
City
CORAL SPRINGS, FL Zip Code
33065

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 *Dianne Miller*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" 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: *Dianne Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954
4/21/00 752-3967

CR2E034 (9/99)