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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State
05-22-2002 90128 030 ***150.00

92460

DOCUMENT # S28312

1. Entity Name
DESIGNED CRAFT GLASS & MIRRORS, INC.

Principal Place of Business	Mailing Address
3093 NW 64TH AVE SUNRISE FL 33313-1206	PO BOX 101390 FT. LAUDERDALE FL 33310

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1622 NE 12 TERR	P.O. Box 101390
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE. FL	City & State: FT. LAUDERDALE, FL
Zip: 33305 Country: USA	Zip: 33310 Country: USA

4. FEI Number 65-0241343 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, J.S.
3093 N.W. 64TH AVENUE
SUNRISE FL 33313

7. Name and Address of New Registered Agent

Name: WILLIAMS, J.S.
Street Address (P.O. Box Number is Not Acceptable): 1622 NE 12 TERR.
City: FT. LAUDERDALE FL Zip Code: 33305

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: J.S. Williams J. S. WILLIAMS SEC. TREAS. 4-30-02
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, 2002 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	PD RILEY, BRUCE E 3093 NW 64TH AVE SUNRISE FL	☐ Delete	PD RILEY, BRUCE E. 1622 NE 12 TERR FT. LAUDERDALE. FL. 33305	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WILLIAMS, J.S. 3093 NW 64TH AVE SUNRISE FL	☐ Delete	SAME	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILLIAMS, RUTH M 3093 NW 64TH AVE SUNRISE FL	☐ Delete	SAME	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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: J.S. Williams SIGNATURE REQUIRED J. S. WILLIAMS 4-30-02 (954)463-7203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #