## 2003 FOR PROFIT CORPORATION

Mailing Address

TITLE

NAME

STREET ADDRESS

☐ Delete

## **UNIFORM BUSINESS REPORT (UBR)** V24225 DOCUMENT # 1. Entity Name DESIGNER GLASS INC.

Principal Place of Business

10.

TITLE

TITLE

TITLE

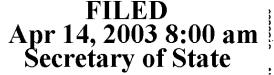
NAME

TITLE

TITLE

STREET ADDRESS

CITY-ST-ZIP



04-14-2003 90382 025 \*\*\*158 75

680 KINGSLEY AVENUE ORANGE PARK FL 32073 US			% DAVID A KING ATTORNEY 1416 KINGSLEY AVE ORANGE PARK FL 32073							
2. Principal Place of Business			3. Mailing Address				3   100	BIIH BIBIH	EIRIA BIBUL EIRIA I	
Suite, Apt.	. #, etc.	<del>.</del>	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State			<b>4</b> , F	4. FE! Number 59-3119308			pplied For
Zip Country			Zip Country			5. 0	5. Certificate of Status Desired \$8.75 Fee Rec			ditional
	6. Name	and Address of Current	Registered Agent	istered Agent			7. Name and Address of New Registered Agent			
		<del>.</del>	<del>-</del>		Name					
KING, DAVID A. ATTORNEY AT LAW					Street Address (P.O. Box Number is Not Acceptable)					
1416 KINGSLEY AVENUE										
ORNAGE PARK FL 32073					City			Fl	Zip Cod	le
SIGNATURE . FI After	Signature, typed	or printed name of registered agent.  FEE IS \$150.00  Fee will be \$550.00  Florida Department of		: Registered A	Agent signature rec	quired when rei	instating) <b>9.</b> Election Campaign Finar  Trust Fund Contribution.	٠.		00 May Be
10.	.w	OFFICERS AND	DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTOR	\$ IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MASTALSKI, HENRY 6247 BERMUDA DR ORANGE PARK FL		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALSAMO, STEVEN J. 6329 ISLAND FOREST DRIVE ORANGE PARK FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				-	Change	☐ Addition
TITLE NAME Street address City-St-Zip	D Balsamo, Tina A. 6329 Island Forest Drive Orange Park Fl		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME Street address City-St-Zip		☐ Delete		TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET CITY-SI	ADDRESS T-ZIP				☐ Change	☐ Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

ED HENRY MASTALSICI 4/1963 904-269-3824

RDIRECTOR Date Dayline Phone #

Change

☐ Addition