


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V27299

1. Entity Name
ALL FLORIDA DOOR AND GLASS, INC.



11032957

Principal Place of Business 5555 W.LINEBAUGH AVE. SUITE 102 TAMPA, FL 33624 US	Mailing Address 5555 W.LINEBAUGH AVE. SUITE 102 TAMPA, FL 33624 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State	City & State
Zip	Country

4. FEI Number 85-0321015	Applied For Not Applicable
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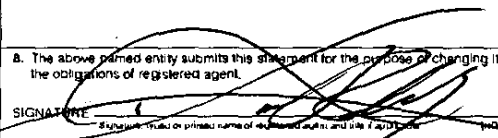
5. Name and Address of Current Registered Agent

RAHILLY, THOMAS M
12611 CATAMARAN PLACE
TAMPA, FL 33624

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ State **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4-29-03**

FILED WITH THE FEE IS \$190.00
 After May 1, 2003 Fee will be \$200.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHILLY, THOMAS M		NAME		
STREET ADDRESS	12611 CATAMARAN PLACE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 file 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 info empowered.

SIGNATURE:  DATE: **4-29-03** 813-269-1111

C22E034 (1/01/02)