

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90023 030 \*\*\*150.00

**DOCUMENT # V28953**

1. Entity Name

**INDEPENDENT SHELVING & MIRRORS, INC.**

Principal Place of Business

**120 GRIFFIN ROAD  
 UNIT 301  
 COCOA FL 32926  
 US**

Mailing Address

**120 GRIFFIN ROAD  
 UNIT 301  
 COCOA FL 32926  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3120814**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RUNDELL, TIM  
 120 GRIFFIN ROAD  
 UNIT 301  
 COCOA FL 32926**

7. Name and Address of New Registered Agent

Name

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

City

**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.

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, 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

TITLE **P** ☐ Delete  
 NAME **RUNDELL, TIM**  
 STREET ADDRESS **120 GRIFFIN ROAD UNIT 301**  
 CITY-ST-ZIP **COCOA FL 32926**

TITLE **VD** ☒ Delete  
 NAME **GARCIA, BENARD R**  
 STREET ADDRESS **120 GRIFFIN ROAD UNIT 301**  
 CITY-ST-ZIP **COCOA FL 32926**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☒ Change ☒ Addition  
 NAME **Garcia, Genaro R**  
 STREET ADDRESS **120 Griffin Road, Unit 301**  
 CITY-ST-ZIP **Cocoa, FL 32926**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receiver or trustee changed, or on an attachment with an addi

19.07(3)(i), Florida Statutes. I further certify that the information has legal effect as if made under oath; that I am an officer or director of the corporation; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tim Rundell

1-15-02

321-632-4823

Date

Daytime Phone #

CR2E034 (9/01)