

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90372 045 ***150.00

DOCUMENT # V46237

1. Entity Name

REFLECTIONS GLASS AND MIRROR, INC.

Principal Place of Business

**1306 N WASHINGTON BLVD
SARASOTA FL 34236
US**

Mailing Address

**7876 S LEE WYN PL
SARASOTA FL 34240
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6624 TARD A DR**SARASOTA FL****34241**4. FEI Number **65-0336667**

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

**FLEEMAN, DAVID A
7876 S LEE WYNN PL
SARASOTA FL 34240**

Name

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

6624 TARD A DR.

City

SARASOTA**FL**

Zip Code

34241

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	FLEEMAN, DAVID A	
STREET ADDRESS	7876 S LEE WYNN PL	
CITY-ST-ZIP	SARASOTA FL	

TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6624 TARD A DR.	
CITY-ST-ZIP	SARASOTA, FL 34241	

TITLE	ST	<input type="checkbox"/> Delete
NAME	DAVID B. SPIEGEL	
STREET ADDRESS	3516 DESCO RD	
CITY-ST-ZIP	NORTH PORT FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6245 FREEMONT ST.	
CITY-ST-ZIP	NORTH PORT, FL 34287	

TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, MIKE	
STREET ADDRESS	7218 CAPTAIN KIDD AVE	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

Daytime Phone #

CR2E034 (10/00)

A0066605

DO NOT WRITE IN THIS SPACE