

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90445 025 *****50.00

DOCUMENT # L99000004954

1. Entity Name
GLUE PRODUCT PLUS, LLC



Principal Place of Business
**4015 GEORGIA AVENUE
WEST PALM BEACH FL 33405**

Mailing Address
**4015 GEORGIA AVENUE
WEST PALM BEACH FL 33405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0939209**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HANSEN, CHARLES F JR
4015 GEORGIA AVENUE
WEST PALM BEACH FL 33405**

7. Name and Address of New Registered Agent

Name **Doreen M Pierce**
Street Address (P.O. Box Number is Not Acceptable)
4015 Georgia Ave
City **West Palm Beach** FL Zip Code **33405**

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 *Charles F Hansen*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANSEN, CHARLES F JR 4015 GEORGIA AVENUE WEST PALM BEACH FL 33405	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Ronald A Feldner 904 Rose Ct Wellington FL 33414	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Doreen Pierce 3454 Pebble Beach Dr Lake Worth FL 33467	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Charles F Hansen III 3225 Royal Cypress Lane Lake Worth FL 33467	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Diane M Liguori 328 Ellamar Rd West Palm Beach FL 33405	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4-25-03 (561) 833-1863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

0056209