

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040924

03-20-2000 90060 010 ***150.00

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

1. Entity Name

ADVANCED GLASS PROTECTION SYSTEMS, INC.

Principal Place of Business

7650 BAYSHORE DR., #603
TREASURE ISLAND FL 33370-6

Mailing Address

7650 BAYSHORE DR., #603
TREASURE ISLAND FL 33706-3541

2. Principal Place of Business

7650 Bayshore Dr

3. Mailing Address

Suite, Apt. #, etc.
603

Suite, Apt. #, etc.

City & State
TREASURE ISLAND, FL

City & State

4. FEI Number

59-857-3098

Applied For

Not Applicable

Zip
33706

Country
USA

Zip

Country

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

KOTLER, MICHAEL
7650 BAYSHORE DR., #603
TREASURE ISLAND FL 33370-6

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

MICHAEL J. KOTLER President Michael J. Kotler 3-14-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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, 2000 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
NAME: KOTLER, MICHAEL
STREET ADDRESS: 7650 BAYSHORE DR., #603
CITY-ST-ZIP: TREASURE ISLAND FL 33370-6

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

TITLE: D
NAME: KOTLER, PATRICIA
STREET ADDRESS: 7650 BAYSHORE DR., #603
CITY-ST-ZIP: TREASURE ISLAND FL 33370-6

Delete

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Change Addition

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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:

Michael J. Kotler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-00 (727) 367-7527

Date

Daytime Phone #

CRPENC4 (9/98)