

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

20013351

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                                                                          |                                                       |                                                                                                                                                                                                                          |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 181474</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |                         |                                                       | 02-21-2005 90064 050 ***150.00                                                                                                                                                                                           |                                                                              |
| 1. Entity Name<br><b>NILSEN GLASS COMPANY, INCORPORATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                                                                                          |                                                       |                                                                                                                                                                                                                          |                                                                              |
| Principal Place of Business<br>1035 N. LIME AVENUE<br>SARASOTA, FL 34237                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  | Mailing Address<br>1035 N. LIME AVENUE<br>SARASOTA, FL 34237                                             |                                                       | 20013351                                                                                                                                                                                                                 |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  | 3. Mailing Address                                                                                       |                                                       |                                                                                                                                        |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  | Suite, Apt. #, etc.                                                                                      |                                                       | 02072005    0000    000000000000                                                                                                                                                                                         |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  | City & State                                                                                             |                                                       | 4. FEI Number<br>59-0723445                                                                                                                                                                                              |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  | Country                                                                                                  |                                                       | Applied For<br>Not Applicable                                                                                                                                                                                            |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  | Country                                                                                                  |                                                       | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                 |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br>KAUFFMAN, RONALD G.<br>4084 FRUITVILLE RD<br>SARASOTA, FL 34232                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                                                                                                          |                                                       | 7. Name and Address of New Registered Agent<br>Name: <u>ROSEMARY S. KAUFFMAN</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>4084 FRUITVILLE ROAD</u><br>City: <u>SARASOTA</u> FL Zip Code: <u>34232</u> |                                                                              |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |                                                                                                          |                                                       |                                                                                                                                                                                                                          |                                                                              |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00    0000000000 |                                                       |                                                                                                                                                                                                                          |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |                                                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                                                                                          |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PTD<br>KAUFFMAN, RONALD G.<br>4084 FRUITVILLE RD<br>SARASOTA, FL | <input checked="" type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PTD<br>ROSEMARY S. KAUFFMAN                                                                                                                                                                                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>SOADY, ALLEN R.<br>4343 FOREMERE PL<br>SARASOTA, FL        | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>WILSON, TERESA A<br>2819 RIDGE AVE<br>SARASOTA, FL 34235    | <input checked="" type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD<br>ELIZABETH A. BLACK<br>4507 9TH ST W, UNIT A-9<br>BRADENTON, FL 34207                                                                                                                                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>WILLIAM DEROME<br>4912 COMMONWEALTH ROAD<br>PALMETTO, FL 34221                                                                                                                                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered. |                                                                  |                                                                                                          |                                                       |                                                                                                                                                                                                                          |                                                                              |
| SIGNATURE: <u>Rosemary S. Kauffman</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  | 02/15/05                                                                                                 |                                                       | 941-366-3030                                                                                                                                                                                                             |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | Date                                                                                                     |                                                       | Daytime Phone #                                                                                                                                                                                                          |                                                                              |