2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 AM
Secretary of State

DOCUMENT# 518791

Entity Name: HARVEY GLASS ASSOCIATES, INC.

Current Principal Place of Business:

14005 LAKE MAGDALENE BLVD
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

14005 LAKE MAGDALENE BLVD
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-1705329 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, AL R. JR.
4600 W. CYPRESS
TAMPA, FL 33607

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PDT	( ) Delete
Name:	GLASS, HARVEY,	
Address:	14005 LK MAGDALENE BLVD.	
City-St-Zip:	TAMPA FL,	
Title:	SD	( ) Delete
Name:	GLASS, HARRIET,	
Address:	14005 LK. MAGDALENE BLVD	
City-St-Zip:	TAMPA FL,	
Title:	D	( ) Delete
Name:	GLASS, STEVEN	
Address:	162 W 54ST STREET, PHC	
City-St-Zip:	NEW YORK, NY 10019	
Title:	D	( ) Delete
Name:	GLASS, SUSAN	
Address:	339 E. 82ND ST. APT 20	
City-St-Zip:	NEW YORK, NY 10028	
Title:	D	( ) Delete
Name:	GLASS, STACY	
Address:	201 W LAUREL ST APT 506	
City-St-Zip:	TAMPA, FL 33602	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY GLASS PRES 04/17/2002

Electronic Signature of Signing Officer or Director — Date