

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90173 050 ***150.00

DOCUMENT # **520289**

1. Entity Name
GLASS HORIZONS, INC.

Principal Place of Business Mailing Address
333 FIRST STREET NE **333 FIRST STREET NE**
ST. PETERSBURG FL 33701 **ST. PETERSBURG FL 33701**



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|----------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-1713239 | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | |

| | | | |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CHARMATZ, CHARLES J. 333 FIRST STREET NE ST. PETERSBURG FL 33701 | | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

SEE LETTER ATTACHED

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | PD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHARMATZ, CHARLES J. | | NAME | | |
| STREET ADDRESS | 9180 130TH STREET NO. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SEMINOLE FL | | CITY-ST-ZIP | | |
| TITLE | ST <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHARMATZ, CHARLES J. | | NAME | | |
| STREET ADDRESS | 9180 130TH STREET NO. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SEMINOLE FL | | CITY-ST-ZIP | | |
| TITLE | VD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHARMATZ, JUDITH S. | | NAME | | |
| STREET ADDRESS | 9180 130TH STREET NO. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SEMINOLE FL | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: _____ **REQUIRED** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7/6/00** (727) 933-9333
 Daytime Phone #

CR2E034 (5/00)

Attachment
04520284
-000 69209



GLASS HORIZONS

JULY 6, 2000

DIV. OF CORPORATIONS
UNIFORM BUSINESS REPORT FILING
P.O. BOX 1500
TALLAHASSEE

DEAR SIR:

ENCLOSED IS OUR SIGNED DOCUMENT #520289 FOR GLASS HORIZONS & OUR CHECK #2259 FOR \$150.⁰⁰ WE REQUEST THAT YOU WAIVE THE \$400. LATE FEE AS THE YEAR 2000 HAS INCLUDED MUCH ILLNESS, THE CLOSING OF OUR SHOWROOM & CONSOLIDATION TO MUCH SMALLER OFFICES (AT THE SAME BUILDING & ADDRESS), DURING THE COURSE OF ALL THE CHANGES WE EITHER NEVER RECEIVED THE ORIG. APPLICATION OR LOST IT. IN EITHER CASE, IT WAS NOT FILED & WE REQUEST THIS ONE TIME EXEMPTION.

IF THIS DOES NOT MEET WITH YOUR APPROVAL, WE WILL EXPECT THE CHECK FOR \$150.⁰⁰ TO BE RETURNED & THE COMPANY WILL MAKE THE NECESSARY ADJUSTMENTS TO SCALE BACK FURTHER, GANS CORP..

THANK YOU FOR CONSIDERING OUR REQUEST, UNDER VERY UNUSUAL CIRCUMSTANCES IN 2000.

SINCERELY,



CHARLES A. CHAKMATZ
OWNER

STAINED GLASS DESIGN STUDIO

333 First Street, N.E. St. Petersburg, Florida 33701 • (813) 823-8233

FAX 727-873-8234