

# 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

333 FIRST STREET NE  
ST. PETERSBURG FL 33701

Mailing Address

333 FIRST STREET NE  
ST. PETERSBURG FL 33701

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1713239

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHARMATZ, CHARLES J.  
333 FIRST STREET NE  
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

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

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 \$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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHARMATZ, CHARLES J.	
STREET ADDRESS	9180 130TH STREET NO.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CHARMATZ, CHARLES J.	
STREET ADDRESS	9180 130TH STREET NO.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHARMATZ, JUDITH S.	
STREET ADDRESS	9180 130TH STREET NO.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment  
04520284  
-000 69209



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.<sup>00</sup> 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.<sup>00</sup> 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 727-823-8234