

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005944

1. Entity Name

HAUSER ART GLASS COMPANY, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90434 002 ***158.75

Principal Place of Business

4046 WEST 4TH STREET
WINONA MN 55987

Mailing Address

4046 WEST 4TH STREET
WINONA MN 55987

2. Principal Place of Business

1685 Wilkie Drive

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 587

Suite, Apt. #, etc.

City & State

Winona MN

Zip

55987

Country

USA

City & State

Winona MN

Zip

55987

Country

USA

4. FEI Number

41-0872703

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE ACCESS
236 E. 6TH AVE
TALLAHASSEE FL 32303

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 reinstating)

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HAUSER, MICHAEL F	
STREET ADDRESS	4046 WEST 4TH STREET	
CITY-ST-ZIP	WINONA MN 55987	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAUSER, MICHAEL	
STREET ADDRESS	4046 WEST 4TH STREET	
CITY-ST-ZIP	WINONA MN 55987	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HAUSER, JAMES A	
STREET ADDRESS	4046 WEST 4TH STREET	
CITY-ST-ZIP	WINONA MN 55987	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hauser, michael F	
STREET ADDRESS	1685 Wilkie Drive	
CITY-ST-ZIP	Winona MN 55987	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hauser, michael	
STREET ADDRESS	1685 Wilkie Drive	
CITY-ST-ZIP	Winona MN 55987	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hauser, James A.	
STREET ADDRESS	1685 Wilkie Drive	
CITY-ST-ZIP	Winona MN 55987	
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:

Michael F. Hauser

Michael F. Hauser

3/7/01

507-457-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

CR2E034 (10/00)