

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G81133

1. Entity Name

MORTENSON GLASS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90072 031 ***150.00

Principal Place of Business

Mailing Address

SARAH AVE
SARASOTA FL 34233

5681 SARAH AVE
SARASOTA FL 34233-3445
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2374405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORTENSON, DALE D.
911 CASEY COVE DR
NOKOMIS FL 34275

Name

MORTENSON, DALE D.

Street Address (P.O. Box Number is Not Acceptable)

5681 SARAH AVE

City

SARASOTA

FL

Zip Code

34233-3445

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

Dale Mortenson Pres.

1-5-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME MORTENSON, DALE D.

STREET ADDRESS 911 CASEY COVE DR.

CITY-ST-ZIP NOKOMIS FL

TITLE ☐ Delete

NAME MORTENSON, CARYLON E.

STREET ADDRESS 911 CASEY COVE DR.

CITY-ST-ZIP NOKOMIS FL

TITLE ☐ Delete

NAME CRULL, ALLAN C

STREET ADDRESS 809 RIVERIA ST

CITY-ST-ZIP VENICE FL 34285

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

Dale Mortenson Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2000

Date

Daytime Phone #

941 922-8772

CR2E034 (9/99)