

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90134 007 \*\*\*150.00

**DOCUMENT # J65727**

1. Entity Name  
**FORGLASS TOOLS, INC.**

Principal Place of Business

**387 NETTLES BLVD.  
 JENSEN BEACH FL 34957**

Mailing Address

**MALTE.JAMES-1991 S.KANNER HWY.  
~~7000 GE FEDERAL HWY #800~~  
 STUART FL ~~34997~~ **34994**  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0032421**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MALTE, JAMES A.  
 KENNEY, STEWART, & TAYLOR CPA'S  
 1991 SOUTH KANNER HGHWAY  
 STUART FL 34994**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*See attached letter*

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 ~~\$550.00~~ \$150.00  
 After September 13, 2002 Fee 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GACH, PAUL</b>	
STREET ADDRESS	<b>387 NETTLES BLVD.</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957-3326</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Paul Gach* **REQUIRED** **GACH - PRES.**

**7-12-02** **586-228-1333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

1 5487 ORCHARD RIDGE DR.  
CLINTON TWP., MI 48038  
(586)228-1333

paul gach

# 565727

387 NETTLES BLVD  
JENSEN BEACH, FL 34957  
(772)229-3880

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UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

July 12, 2002

As per phone call to your office:

This is to advise you that we never received the original form requesting payment. Your current form is enclosed with a check for \$150.00 as required and we appreciate your acceptance without penalty. This form was sent to the old address of our accountant, and was then forwarded to him at his corrected address and then finally sent on to me.

In the future; please mail all correspondence to:

Att: JAMES MALTE-FORGLASS TOOLS, INC.  
c/o KENNY STEWART & TAYLOR  
1991 SOUTH KANNER HIGHWAY  
STUART, FL 34994

Also please advise of your receipt of this letter by mailing the enclosed, stamped envelope.

Thank you,

Paul Gach

Paul Gach - Pres.

Enclosure

cc: Kevin Kenny  
PG/sc