

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90318 047 ***150.00

DOCUMENT # K09966

1. Entity Name

ARTISTRY IN GLASS BY CARL MARCUS, INC.

Principal Place of Business

**3784 PROGRESS AVENUE
 NAPLES FL 34104
 US**

Mailing Address

**C/O CARL QUITZOU
 6480 SANDALWOOD LN
 NAPLES FL 34109
 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

65-0018891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**QUITZAU, CARL
 6480 SANDALWOOD LANE
 NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name

Dianne Ginolfi

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

6480 Sandalwood Lane

City

Naples

FL

Zip Code

34109

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]
 Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-02

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, 2002 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 **PD** ☒ Delete
 NAME **QUITZAU, CARL**
 STREET ADDRESS **6480 SANDALWOOD LANE**
 CITY-ST-ZIP **NAPLES FL**

TITLE **STD** ☒ Delete
 NAME **QUITZAU, CARL**
 STREET ADDRESS **6480 SANDALWOOD LANE**
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Dianne Ginolfi**
 STREET ADDRESS **6480 Sandalwood Lane**
 CITY-ST-ZIP **Naples FL 34109**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-02

941 514 1765

Date

Daytime Phone #

CR2E034 (9/01)