

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**  
 03-01-2001 91327 009 \*\*\*150.00

**DOCUMENT # K62507**

1. Entity Name

**COMMERCIAL GLASS PRODUCTS, INC.**

Principal Place of Business

Mailing Address

**C/O J. PAUL MYERS  
 1705 SOUTH DIVISION AVENUE  
 ORLANDO FL 32805**

**C/O J. PAUL MYERS  
 1705 SOUTH DIVISION AVENUE  
 ORLANDO FL 32805**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**J. PAUL MYERS**

**237 ROBIN ROAD**

**ALTAMONTE SPRINGS, FLA**

**32701**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2933442**

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

**MYERS, J. PAUL  
 1705 SOUTH DIVISION AVENUE  
 ORLANDO FL 32805**

Name **J. PAUL MYERS**

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

**237 ROBIN ROAD**

**ALTAMONTE SPRINGS, FLA**

City

FL

Zip Code **32701**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **MYERS, J. PAUL**  
 STREET ADDRESS **1705 S. DIVISION AVENUE**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE **PRES-** ☐ Change ☐ Addition  
 NAME **J. PAUL MYERS**  
 STREET ADDRESS **237 ROBIN ROAD**  
 CITY-ST-ZIP **ALTAMONTE SPR., FL 32701**

TITLE **D** ☒ Delete  
 NAME **MYERS, NORA LEE**  
 STREET ADDRESS **1705 S. DIVISION AVENUE**  
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 #

**1-15-01**

**407 830 8035**

CR2E034 (10/00)