

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90107 036 ***183.75

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DOCUMENT # K67788	
1. Entity Name GLASS AND MIRROR CRAFTERS INC.	

Principal Place of Business 18829 US 19 HUDSON FL 34667	Mailing Address 18829 US 19 HUDSON FL 34667
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2932191	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
PEPPER, GARY E. 90, HIGHLAND AVE VILLA 3 TARPON SPRINGS FL 34689	
7. Name and Address of New Registered Agent	
-Name- GARY E PEPPER	
Street Address (P.O. Box Number is Not Acceptable)	
7124 Meighan Ct.	
City New Port Richey	FL Zip Code 34652

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  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEPPER, GARY E 90 HIGHLAND VILLA #3 TARPON SPRINGS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TYLER, MICHAEL 10341 ALBERTA COURT NEW PORT RICHEY FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Tyler Michael 5460 Bellview Ave New Port Richey FL. 34652 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TYLER, BETH A 10341 ALBERTA COURT NEW PORT RICHEY FL 34654 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Tyler Beth A 5460 Bellview Ave New Port Richey FL. 34652 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 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

Date 4/1/03 Daytime Phone # 727-863-2881

CR2E034 (10/02)