

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90020 045 \*\*\*\*50.00

**DOCUMENT # L00000010116**

1. Entity Name

**MAIN STREET GLASS PARTNERS, LLC**



Principal Place of Business

**20 N. MAIN STREET  
HIGH SPRINGS FL 32643**

Mailing Address

**PO BOX 869  
HIGH SPRINGS FL 32655**

2. Principal Place of Business

**206 N.E. FIRST AVE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**High Springs FL**

City & State

4. FEI Number **59-3664538**

Applied For

Not Applicable

Zip

**32643**

Country

**Alachua**

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HINDERER, MARYA C  
125 NE 1ST AVENUE  
HIGH SPRINGS FL 32643**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **HINDERER, MARYA C**  
STREET ADDRESS **20 N. MAIN ST**  
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Marya C. Hinderer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1-16-03 (386)454-1611**  
Date Daytime Phone #

CR2E083 (10/02)