

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90689 029 \*\*\*\*50.00

**DOCUMENT #** L01000016455

**1. Entity Name**

GLASS FACTORY, LLC



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

2787 TAMIAHI TRAIL

Suite, Apt. #, etc.

**3. Mailing Address**

2787 TAMIAHI TRAIL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

NORTH FORT MYERS

Zip  
33903

Country  
FLORIDA

**City & State**

NORTH FORT MYERS

Zip  
33903

Country  
FLORIDA

**4. FEI Number**

30-0079800

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

GROVER STEVEN K

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

868 99th AVE N SUITE 1

**City**

NAPLES

**FL**

**Zip Code**

34108

**DO NOT WRITE  
IN THIS SPACE**

**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

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
MGRM WALTER WIESHUELLER

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
MGRM ROSALIE WIESHUELLER  
1357 TORREYA CIRCLE  
N. FORT MYERS, FL 33917

**TITLE**  
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IN THIS SPACE**

CR2E083B (12/02)

**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:** *R. W. Wieshuel*, Vice President *Rosalie Wieshuel* (239) 995 2903  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** **Date** **Daytime Phone #**