

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90132 028 \*\*\*150.00

0056786 AV

**DOCUMENT # L13625**

**1. Entity Name**  
**BREMER STAINED GLASS COMPANY**



**Principal Place of Business**  
**1922-A CREIGHTON ROAD**  
**PENSACOLA FL 32504**

**Mailing Address**  
**1922-A CREIGHTON ROAD**  
**PENSACOLA FL 32504**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-2973401**

Applied For  
☒ Not Applicable

Zip

Country

Zip

Country

**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**

**BREMER, PEGGY M**  
**1922-A CREIGHTON RD**  
**PENSACOLA FL 32504**

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** \_\_\_\_\_ (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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **BREMER, PEGGY**  
**STREET ADDRESS** **1922-A CREIGHTON ROAD**  
**CITY-ST-ZIP** **PENSACOLA FL**

**TITLE** **D.** ☒ Change ☐ Addition  
**NAME** **APRIL D. HARGROVE**  
**STREET ADDRESS** **500 MALDONADO DR**  
**CITY-ST-ZIP** **PENSACOLA BEACH, FL 32561**

**TITLE** **V** ☐ Delete  
**NAME** **BREMER, DONNIE D.**  
**STREET ADDRESS** **2201 SCENIC HWY Q-5**  
**CITY-ST-ZIP** **PENSACOLA FL**

**TITLE** ☐ Change ☐ Addition  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** **D** ☐ Delete  
**NAME** **DESORMEAUX, APRIL**  
**STREET ADDRESS** **111 MALDONADO DRIVE**  
**CITY-ST-ZIP** **PENSACOLA BCH FL**

**TITLE** ☐ Change ☐ Addition  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** **D** ☐ Delete  
**NAME** **BREMER, DONNIE M**  
**STREET ADDRESS** **1922 A CREIGHTON RD**  
**CITY-ST-ZIP** **PENSACOLA FL**

**TITLE** ☐ Change ☐ Addition  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** **D** ☐ Delete  
**NAME** **VANMETER, JUDITH K**  
**STREET ADDRESS** **302 VALENCIA ST**  
**CITY-ST-ZIP** **GULF BREEZE FL 32561**

**TITLE** ☐ Change ☐ Addition  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** ☐ Delete  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** ☐ Change ☐ Addition  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**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

*Peggy M. Bremer*  
*Peggy M. Bremer*

Date **4-2-03**

Daytime Phone # **850-479-9125**

CR2E034 (10/02)