

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90030 012 ***150.00

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DOCUMENT # **L20440**

1. Entity Name

CASOLA STAINED GLASS STUDIO, INC.

WJ



Principal Place of Business

**C/O ELAINE CASOLA
11000 METRO PKWY., STE. 11
FT. MYERS FL 33912**

Mailing Address

**C/O ELAINE CASOLA
11000 METRO PKWY., STE. 11
FT. MYERS FL 33912**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0151907**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASOLA, ELAINE
11000 METRO PARKWAY
SUITE 11
FT. MYERS FL 33912**

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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **DP
CASOLA, LAWRENCE** ☐ Delete
STREET ADDRESS **11000 METRO PKWY. #11**
CITY-ST-ZIP **FT. MYERS FL**

TITLE
NAME **Director** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **DST
CASOLA, ELAINE** ☐ Delete
STREET ADDRESS **11000 METRO PKWY. #11**
CITY-ST-ZIP **FT. MYERS FL**

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

TITLE
NAME **VP
CASOLA, KENNETH** ☐ Delete
STREET ADDRESS **11000 METRO PKWY #1**
CITY-ST-ZIP **FT. MYERS FL**

TITLE
NAME **Director President** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

Ken M. Cas

7/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90143889

L20440

**CASOLA STAINED GLASS STUDIO, INC.
11000 METRO PARKWAY STE 11
FORT MYERS, FL 33912**

July 14, 2003

Division of Corporation
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am writing to you concerning the late fee on the Uniform Business Report. Our office did not receive the prior notice and we are requesting the late fee to be waived. Our address has not changed and we don't understand why we did not receive the notice. Please accept this and our original fee of \$150.00.

Thank you for your cooperation.

Sincerely



Lawrence Casola
Vice - President