

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2002 8:00 am
Secretary of State

07-07-2002 90065 021 ***150.00

DOCUMENT # L56341

1. Entity Name
GLAD RAGS, INC.

Principal Place of Business
2766 PARK ST
JACKSONVILLE FL 32205

Mailing Address
2766 PARK ST
JACKSONVILLE FL 32205

DU127123



2. Principal Place of Business
1034 HENDRICKS AVE
 Suite, Apt. #, etc.
JACKSONVILLE

3. Mailing Address
1034 HENDRICKS AVE.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FLORIDA
 Zip
32207 Country
DUVAL

City & State
JACKSONVILLE, FL.
 Zip
32207 Country
DUVAL

4. FEI Number **59-2995084** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ALTMAN, MARIANNE
4431 BATTLECREEK CRT EAST
JACKSONVILLE FL 32258

7. Name and Address of New Registered Agent
 Name **MARIANNE ALTMAN**
 Street Address (P.O. Box Number is Not Acceptable)
4564 ROSWOOD AVE.
 City **JACKSONVILLE** FL Zip Code **32207**

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 *Marianne Altman* **MARIANNE ALTMAN** **8/2/2002**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	P
STREET ADDRESS	ALTMAN, MARIANNE
CITY-ST-ZIP	4335 BIRCHWOOD AVE.
	JACKSONVILLE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marianne Altman* **MARIANNE ALTMAN** **7/6/2002**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment
Doc 14
256341

To whom it may concern:

I, Marianne Altman, owner
and President of GIAD Rugs, Inc.
never received the initial

2002 Uniform Business Report.
Maybe it was crossed in the
mail. I called today 7-2-2002
and was told to send \$150.00
today with this notice. Please
note change of address on
Form: Thank you so much;

Mary
Altman