

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L80720

1. Entity Name

GLUE PRODUCTS OF FLORIDA, INC.

FILED

Feb 03, 2000 8:00 am  
Secretary of State

02-03-2000 90038 036 \*\*\*150.00

Principal Place of Business

Mailing Address

% LESLIE E. BOSS  
4015 GEORGIA AVENUE  
W PALM BEACH FL 33405

% LESLIE E. BOSS  
4015 GEORGIA AVENUE  
W PALM BEACH FL 33405-2515

2. Principal Place of Business

3. Mailing Address

6540 LAKE CLARK DR  
Suite, Apt. #, etc.

6540 LAKE CLARK DR  
Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

Zip  
33406

Country

Zip  
33406

Country

4. FEI Number

65-0198379

Applied For

Not Applicable

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

BOSS, LESLIE E.  
4015 GEORGIA AVENUE  
W PALM BEACH FL 33405

Name

BOSS, LESLIE E.

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

17 VIA LAGO

City

BOYNTON BEACH

FL

Zip Code

33435

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-00

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	DVS	<input type="checkbox"/> Delete
NAME	RANGER, MICHEL	
STREET ADDRESS	6540 LAKE CLARK DR.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BOSS, LESLIE E	
STREET ADDRESS	17 VIA LAGO	
CITY-ST-ZIP	BOYTON BEACH FL 33435	
TITLE	OT	<input type="checkbox"/> Delete
NAME	RANGER, CLAIRE	
STREET ADDRESS	6540 LAKE CLARKE DR.	
CITY-ST-ZIP	W. PALM BEACH FL 33405	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

1-24-00

Date

561-732-3442

Daytime Phone #

CR2E034 (9/99)