

2000 UNIFORM BUSINESS REPORT (UBR)

0007363 AF

DOCUMENT # L98000002797

1. Entity Name
SECURITY IMPACT GLASS HOLDINGS, L.L.C.

Principal Place of Business
1555 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH FL 33401

Mailing Address
P.O. BOX 3267
WEST PALM BEACH FL 33402-3267

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0875151

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAMMON, NANNETTE
1555 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH FL 33401

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME INTERNATIONAL GROUP INVESTMENTS, INC.
STREET ADDRESS 762 RIDER ROAD
CITY- ST- ZIP BOYNTON BEACH FL 33435

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGR
NAME GLASSTONE COMPANY
STREET ADDRESS 1555 PALM BEACH LAKES BLVD., SUITE 1100
CITY- ST- ZIP WEST PALM BEACH FL 33401

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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.

GLASSTONE COMPANY

BY: Ron Cooper VP/treasurer

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/10/00

Date

561/686-2000

Daytime Phone #

CR2E083 (9/99)