

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90112 028 ****70.00

DOCUMENT # N03752

1. Entity Name

SOUTHEAST GLASS ASSOCIATION, INC.



Principal Place of Business

**PO BOX 950368
LAKE MARY FL 32746
US**

Mailing Address

**P O BOX 950368
LAKE MARY FL 32746
US**

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 **59-2430769**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUMMERS, GARY
WILLIAM, SMITH AND SUMMERS, PA
380 W ALFRED ST
TAVARES FL 32778-3206**

7. Name and Address of New Registered Agent

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 \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P CARSON, WILLIAM B**
STREET ADDRESS **781 PICKFAIR TERRACE**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Delete
NAME **IPP HANSEN, CHRIS**
STREET ADDRESS **1161 SUN CENTURY RD SUITE 1**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Delete
NAME **D WATTERS, WOODY**
STREET ADDRESS **3901 N PALAFOX ST**
CITY-ST-ZIP **PENSACOLA FL 32523**

TITLE ☐ Delete
NAME **COB HOLOWICKI, DICK**
STREET ADDRESS **6600 NW 14TH STREET #10**
CITY-ST-ZIP **PLANTATION FL 33313**

TITLE ☐ Delete
NAME **D MILLER, JEFF**
STREET ADDRESS **1631 S NOVA RD**
CITY-ST-ZIP **SOUTH DAYTONA FL 32119**

TITLE ☐ Delete
NAME **D KUHN, BOB**
STREET ADDRESS **305 PALMETTO AVE**
CITY-ST-ZIP **SANFORD FL 32771**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME **Chairman of the Board**
STREET ADDRESS **Woody WATTERS**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/03

8888697961

Date

Daytime Phone #

CR2E037 (4/03)