

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90194 035 ***150.00

DOCUMENT # P00000110105 ✓
1. Entity Name
A Fantasy In Glass Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7822 Hwy 301S
Suite, Apt. #, etc.

3. Mailing Address
7822 Hwy 301S
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Riverview, FL
Zip
33569 Country

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Zip
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4. FEI Number
59-3484083
Applied For
Not Applicable.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Dickens, Mark S
Street Address (P.O. Box Number is Not Acceptable)
9340 N. 56th Street
Suite 200A
City
Temple Terrace FL Zip Code
33617

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 _____

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Padilla, Joan E</u> <u>17518 Edinburgh Dr.</u> <u>Tampa, FL 33647</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joan Padilla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02 813-671-8607
Date Daytime Phone #

CR2E034B (12/01)