


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91525 040 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110105			
1. Entity Name A FANTASY IN GLASS INCORPORATED			
Principal Place of Business 7822 HWY. 301 S. RIVERVIEW, FL 33569		Mailing Address 7822 HWY. 301 S. RIVERVIEW, FL 33569	
2. Principal Place of Business 17518 Edinburgh Dr. Suite, Apt. #, etc.		3. Mailing Address 17518 Edinburgh Dr. Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa FL	
Zip 33647	Country USA	Zip 33647	
4. FEI Number 59-3484083		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DICKENS, MARK S 9340 N. 56TH ST., STE. 200-A TEMPLE TERRACE, FL 33617		7. Name and Address of New Registered Agent Name Joan E. Padilla Street Address (P.O. Box Number Is Not Acceptable) 17518 Edinburgh Dr. City Tampa FL Zip Code 33647	
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 Joan E. Padilla DATE 4-25-03 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PADILLA, JOAN E 17518 EDINBURGH DR. TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: Joan E. Padilla <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4-25-03 DAYTIME PHONE # 813-671-8607	

10090461



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)