

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90092 009 \*\*\*150.00

DOCUMENT # P00000113364



1. Entity Name  
PALM GLASS, INC.

Principal Place of Business  
536 E VENICE AVENUE  
VENICE FL 34292

Mailing Address  
536 E VENICE AVENUE  
VENICE FL 34292



2. Principal Place of Business  
**504 E. VENICE AVENUE**  
Suite, Apt. #, etc.

3. Mailing Address  
**504 E. VENICE AVENUE**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**VENICE FL**

City & State  
**VENICE FL**

4. FEI Number **65-1064785**

Applied For  
 Not Applicable

Zip  
**34292** Country

Zip  
**34292** Country

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

**MUECKE, PETER**  
**536 E VENICE AVENUE**  
**VENICE FL 34292**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**504 E. VENICE AVENUE**  
City **VENICE** FL Zip Code **34292**

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 *Peter H Muecke* Pres.

DATE **3-10-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **VP**  
NAME **MUECKE, DANE**  
STREET ADDRESS **2038 OLD TREVOR WAY**  
CITY-ST-ZIP **SARASOTA FL 34232**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **P.**  
NAME **MUECKE, PETER H**  
STREET ADDRESS **2326 FEDERICK DR**  
CITY-ST-ZIP **VENICE FL 34292**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition  
TITLE  
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 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: *Peter H Muecke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3-10-03** DAYTIME PHONE # **941-488-0263**

CR2E034 (10/02)