

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90094 025 ***150.00

DOCUMENT # P01000007402

1. Entity Name
BRANDY GLASS, INC.

Principal Place of Business
45240 DOGWOOD AVENUE
DELAND FL 32720

Mailing Address
45240 DOGWOOD AVENUE
DELAND FL 32720

2. Principal Place of Business
42518 Dogwood AVE
 Suite, Apt. #, etc.

3. Mailing Address
42518 Dogwood AVE
 Suite, Apt. #, etc.

City & State
DeLand, FL

City & State
DeLand, FL

4. FEI Number **59-3694726**

Applied For
 Not Applicable

Zip **32720**

Country

Zip **32720**

Country

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

6. Name and Address of Current Registered Agent

NEWTON, NANCY E
45240 DOGWOOD AVENUE
DELAND FL 32720

7. Name and Address of New Registered Agent

Name **NEWTON, NANCY E**
Street Address (P.O. Box Number is Not Acceptable)
42518 Dogwood AVE
City **DeLand** **FL** **Zip Code** **32720**

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) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	D <input type="checkbox"/> Delete
NAME	NEWTON, NANCY E
STREET ADDRESS	45240 DOGWOOD AVENUE
CITY-ST-ZIP	DELAND FL 32720
TITLE	D <input type="checkbox"/> Delete
NAME	NEWTON, JERRY D
STREET ADDRESS	45240 DOGWOOD AVENUE
CITY-ST-ZIP	DELAND FL 32720
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, NANCY E
STREET ADDRESS	42518 DOGWOOD AVE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	V/P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, JERRY D
STREET ADDRESS	42518 DOGWOOD AVE
CITY-ST-ZIP	DeLand, FL 32720
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY E NEWTON Nancy E. Newton 4/9/02 352-589-6785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)