

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90289 009 ***150.00

0391783 AV

DOCUMENT # P01000050672

1. Entity Name
GLASS PRODUCTIONS, INC.



Principal Place of Business
**418 SOUTH "M" STREET
LAKE WORTH FL 33460**

Mailing Address
**PO BOX 18288
WEST PALM BEACH FL 33416**



2. Principal Place of Business
2508 Lake Osborne Dr.

3. Mailing Address
same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Lake Worth, FL

City & State

4. FEI Number **65-1102195**

Applied For
Not Applicable

Zip **33461** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

**MCGOEY, MICHAEL J
209 N SEACREST BLVD
BOYNTON BCH FL 33435**

7. Name and Address of New Registered Agent

Name **Randall H. Glass**
Street Address (P.O. Box Number is Not Acceptable)
2508 Lake Osborne Drive
City **Lake Worth** FL Zip Code **33461**

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 **Randall H. Glass**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/03

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 **P** ☐ Delete
NAME **GLASS, JESSICA A**
STREET ADDRESS **418 SOUTH "M" STREET**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **President** ☒ Change ☐ Addition
NAME **Glass, Jessica Arinee**
STREET ADDRESS **2508 Lake Osborne Drive**
CITY-ST-ZIP **Lake Worth, FL 33461**

TITLE **VP** ☐ Delete
NAME **GLASS, RANDALL**
STREET ADDRESS **418 SOUTH "M" STREET**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **VP** ☒ Change ☐ Addition
NAME **Glass, Randall**
STREET ADDRESS **2508 Lake Osborne Drive**
CITY-ST-ZIP **Lake Worth, FL 33461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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: **Randall H. Glass**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03

Date

561 707 4527

Daytime Phone #

CR2E034 (10/02)