

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90184 022 \*\*\*150.00

**DOCUMENT # P01000109270**

1. Entity Name  
**THE GLASS GARDEN COMPANY**



Principal Place of Business  
**2670 SOUTH FLAMINGO ROAD  
DAVIE FL 33330**

Mailing Address  
**2670 SOUTH FLAMINGO ROAD  
DAVIE FL 33330**



2. Principal Place of Business  
**3000 Carefree Blvd**

3. Mailing Address  
**3000 Carefree Blvd**

Suite, Apt. #, etc.  
**S-1**

Suite, Apt. #, etc.  
**S-1**

City & State  
**No. Ft Myers**

City & State  
**No. Ft Myers**

4. FEI Number **01-0566490**

Applied For

Not Applicable

Zip  
**33917**

Country  
**U.S.**

Zip  
**33917**

Country  
**U.S.**

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

**ALONSO, DELIA R  
2670 SOUTH FLAMINGO ROAD  
DAVIE FL 33330**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3000 Carefree Blvd**

**S-1**

City  
**No. Ft Myers**

**FL**

Zip Code  
**33917**

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D ALONSO, DELIA R  
2670 SOUTH FLAMINGO ROAD  
DAVIE FL 33330** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3000 Carefree Blvd S-1  
No. Ft Myers, FL 33917** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D PARDO, RENEE  
2670 SOUTH FLAMINGO ROAD  
DAVIE FL 33330** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3000 Carefree Blvd S-1  
No. Ft Myers, FL 33917** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: **FORNIA S. S. REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-03 239 587-2844**

Date

Daytime Phone #

CR2E034 (10/02)