2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P02000009146

1. Entity Name GLASS TEK, INC.



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90105 008 ***150.00

		No.				
Principal Place of Business 3750 DIAMOND STREET PACE FL 32571	Mailing Address 3750 DIAMOND STREET PACE FL 32571					
2. Principal Place of Business	3. Mailing Address P.O. BOX	 2a37				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HE	ERE IF MAKING CH	HANGES	
City & State	City & State PACE	FL.	4. FEI Number 03 - 037	18063		olied For
Zip Country	Zip 32571	Country	5. Certificate of Status Desire	ed □ \$8	.75 Addi	
6. Name and Address of Current Re	egistered Agent		7. Name and Address of Ne		•	
	<u> </u>	Name	11 00	4 1		
BAGGETT, LINDA M			athan C. Baga			
3750 DIAMOND STREET	Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
PACE FL 32571			3-130 6 1617187	10 <u> </u>		
			- <u>-</u> -			
·	City Pa	ce.	FL Zip Code 7/			
SIGNATURE Signafure, typed or printed name of registered for and	Natha	C. Bagge Registered Agent signature re	ett President	1-6- DATE	03	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of S	itate		9. Election Campaigr Trust Fund Contrib		\$5.00 Added t	May Be o Fees
10. OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO (OFFICERS AND DIF	RECTORS	N 11
TITLE PAGGETT, LINDA M STREET ADDRESS CITY-ST-ZIP PACE FL 32571	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2than C. Bagget- 750 Diamond St.		Change	Addition
TITLE V NAME SMITH, DEBORAH M STREET ADDRESS CITY-ST-ZIP PACE FL 32571	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ace, FL 32571		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, <u> </u>		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		Change	Addition
TITLE	□ Delete	TITLE			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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DATE DISCONSIDE Nother C Baggett 1-6-03
Date OF PRINTED NAME OF SIGNED OF PRINTED NAME OF SIGNED OF PRINTED NAME OF SIGNED OF

☐ Delete

☐ Change

☐ Addition