


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90092 049 ***150.00

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DOCUMENT # P02000019939	
1. Entity Name CRUISE SHIP GLASS SERVICES, INC.	

Principal Place of Business 3475 SHERIDAN ST., STE. 210 HOLLYWOOD FL 33021	Mailing Address 3475 SHERIDAN ST., STE. 210 HOLLYWOOD FL 33021
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number 04-3621555	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KETOVER, STEVE M 3475 SHERIDAN ST., STE. 210 HOLLYWOOD FL 33021	Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code

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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KETOVER, STEVE M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3475 SHERIDAN ST., STE. 210</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD FL 33021</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	KETOVER, STEVE M		STREET ADDRESS	3475 SHERIDAN ST., STE. 210		CITY-ST-ZIP	HOLLYWOOD FL 33021		<table border="1"> <tr> <td>TITLE</td> <td>PRESIDENT.</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MICHAEL FISHER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2711 Ocean Club Blvd #206</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Hollywood, FL 33019.</td> <td></td> </tr> </table>	TITLE	PRESIDENT.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	MICHAEL FISHER		STREET ADDRESS	2711 Ocean Club Blvd #206		CITY-ST-ZIP	Hollywood, FL 33019.	
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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: 	SIGNATURE REQUIRED	24 April '03	(954) 916 8556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (10/02)