

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90159 020 ***150.00

DOCUMENT # P02000096441

1. Entity Name
GLASS RECYCLING TECHNOLOGIES OF FLORIDA, INC.



Principal Place of Business
8039 PALOMINO DRIVE
NAPLES FL 34113

Mailing Address
8039 PALOMINO DRIVE
NAPLES FL 34113

2. Principal Place of Business

4031 NORTH LIBERTY STREET

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Zip

Country

32206 - 1409

Zip

Country

4. FEI Number

57-0424918

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NOVATT, JEFF M

821 FIFTH AVENUE SOUTH, SUITE 201

NAPLES FL 34102

7. Name and Address of New Registered Agent

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
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT, DIRECTOR	<input type="checkbox"/> Delete
NAME	PAUL COOPER	
STREET ADDRESS	1696 DANTHORPE DR.	
CITY-ST-ZIP	MISSISSAUGA, ONTARIO L5N 7L2	
TITLE	VICE PRESIDENT OPERATIONS	
NAME	PAUL TUTWILER	
STREET ADDRESS	3117 NORTH LIBERTY ST.	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32206	
TITLE	ANDY LOMAGA	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY TREASURER, DIRECTOR	
NAME	ANDY LOMAGA	
STREET ADDRESS	81 GERALD STREET	
CITY-ST-ZIP	TORONTO, ONTARIO M2L 2M9	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	TOM SCHONBERGER	
STREET ADDRESS	83 HILLMOUNT AVENUE	
CITY-ST-ZIP	TORONTO, ONTARIO M6B 1X5	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	DAVID C. BENNETT	
STREET ADDRESS	8039 PALOMINO DRIVE	
CITY-ST-ZIP	NAPLES, FLORIDA 34113	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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		

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:

DAVID C. BENNETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/03 239-649-6310

CR2E034 (10/02)