

2004

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90198 035 ***150.00

DOCUMENT # *FD 2000128761*

1. Entity Name

GLASS CRAFT OF NAPLES, INC.



DO NOT WRITE IN THIS SPACE

24068416

2. Principal Place of Business

3867 ENTERPRISE AVE

3. Mailing Address

3863 ENTERPRISE AVE

Suite, Apt. #, etc.
#6

Suite, Apt. #, etc.
#6

DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

4. FEI Number

55-0808924

Applied For

Not Applicable

Zip

34104

Country

COLLIER

Zip

34104

Country

COLLIER

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *LOUIS S. ERICKSON, ESQUIRE*

Street Address (P.O. Box Number is Not Acceptable)
11725 COLLIER BLVD. SUITE F

City *NAPLES* FL Zip Code *34116*

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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*
NAME *VIRGINIA M. HOWE*
STREET ADDRESS *2403 KINGS LAKE BLVD*
CITY-ST-ZIP *NAPLES, FLORIDA 34113*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *VICE PRESIDENT*
NAME *CRAIG E. MILLER*
STREET ADDRESS *3535 SANTIAGO WAY*
CITY-ST-ZIP *NAPLES, FLORIDA 34105*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000034700330
*04/29/04 00067022 **150.00*

TITLE *VICE PRESIDENT*
NAME *CURTIS SCOTT OGDEN*
STREET ADDRESS *390 2ND STREET SEAST*
CITY-ST-ZIP *NAPLES, FLORIDA 34117*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DO NOT WRITE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
IN THIS SPACE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Virginia M. Howe* VIRGINIA M. HOWE *4/23/04* 239-649-7772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)