

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000022001

1. Entity Name

CLASSIC GLASS STUDIOS, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90092 005 ***150.00

Principal Place of Business

359 N DUNCAN DR
TAVARES FL 32778
US

Mailing Address

359 N DUNCAN DR
TAVARES FL 32778
US

00030196

2. Principal Place of Business

3. Mailing Address

3985 Hwy 19A - REAR
Suite, Apt. #, etc.

3985 Hwy 19A - REAR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MT DORA, FL

City & State

MT DORA, FL

4. FEI Number 58-2069525

Applied For

Not Applicable

Zip

32757

Country

Zip

32757

Country

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

ALTENBURG, DALE C
1206 OAKLAND DR
MOUNT DORA FL 32757

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.

SIGNATURE D.C. Gentry
Signature, typed or printed name of registered agent and use if applicable.

D.C. ALTENBURG

3/28/01

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ALTENBURG, DALE C	
STREET ADDRESS	1206 OAKLAND DR	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D.C. Gentry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.C. ALTENBURG

Date

3/28/01

Daytime Phone #

352-383-6516

325-267-3591

CP2E034 (10/00)