

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062312

1. Entity Name

PASCO GLASS CO., INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91098 012 \*\*\*150.00

Principal Place of Business

38465 CR 54 EAST  
ZEPHYRHILLS FL 33540  
US

Mailing Address

38465 CR 54 EAST  
ZEPHYRHILLS FL 33540

2. Principal Place of Business

4843 Allen Rd.

Suite, Apt. #, etc.

3. Mailing Address

4843 Allen Rd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Zephyrhills FL

City & State  
Zephyrhills FL

4. FEI Number 59-3333241

Applied For  
Not Applicable

Zip Country  
33541 US

Zip Country  
33541 US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KERSEY, LESLEY T  
38465 CR 54 E.  
ZEPHYRHILLS FL 33540

7. Name and Address of New Registered Agent

Name Lesley T. Kersey

Street Address (P.O. Box Number is Not Acceptable)

4843 Allen Rd.

City Zephyrhills

Zip Code 33541

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 *Lesley Therese Kersey*  
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when re-instating)

4-20-01  
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

TITLE	P	<input type="checkbox"/> Delete
NAME	KERSEY, LESLEY T	
STREET ADDRESS	3608 ALLEN RD.	
CITY- ST- ZIP	ZEPHYRHILLS FL 33541	
TITLE	V	<input type="checkbox"/> Delete
NAME	KERSEY, FLOYD B III	
STREET ADDRESS	3608 ALLEN RD	
CITY- ST- ZIP	ZEPHYRHILLS FL 33541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4843 Allen Rd.	
STREET ADDRESS	Zephyrhills FL 33541	
CITY- ST- ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4843 Allen Rd	
STREET ADDRESS	Zephyrhills FL 33541	
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		
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		

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: *Lesley Therese Kersey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01 (813) 783-2731  
Date Daytime Phone #

Lesley Therese Kersey

CR2E034 (10/00)