5/6

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-06-2002 90293 047 ***150.00

DOCUMENT # P95000062784

1. Entity Name
OLDE FORT MYERS GLASS SERVICE, INC.

Principal Place of Business	Mailing Address
6200 ARC WAY UNIT #6 FORT MYERS FL 33912 US	6200 ARC WAY UNIT #6 FORT MYERS FL 33912 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3140 Kutak Ln.		3140 Kutak Ln.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ft. myers Fl		City & State: Ft. myers Fl	
Zip: 33916	Country: Lee	Zip: 33916	Country: Lee

4. FEI Number 65-2603034 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LESSEY, DANIEL III
3120 METRO PKWY
FORT MYERS FL 33916

7. Name and Address of New Registered Agent
Name: Lessey, Daniel III
Street Address (P.O. Box Number is Not Acceptable): 3140 Kutak Ln.
City: Ft. myers Fl FL Zip Code: 33916

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LESSEY, DANIEL III 6200 ARC WAY UNIT #6 FORT MYERS FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	owner Lessey, Daniel III 3140 Kutak Ln Ft. myers Fl 33916	☒ Change ☐ Addition
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CR2E034 (9/01)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #