

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91518 019 ***150.00

DOCUMENT # **P96000038458**

1. Entity Name

GLASS REUNIONS OF Key West, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

825 DUVAL STREET

Suite, Apt. #, etc.

3. Mailing Address

825 DUVAL STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Key West, FL

City & State

Key West, FL

4. FEI Number

65-0670426

Applied For

Not Applicable

Zip

33040

Country

USA

Zip

33040

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

KIM P. CARNEY / Kim C. SPRAGUE

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

825 DUVAL STREET

City

Key West

FL

Zip Code

33040

**DO NOT WRITE
IN THIS SPACE**

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

(Kim P. Carney) Kim C. SPRAGUE PRESIDENT Kim Sprague 4/19/02

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)

☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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

**PRESIDENT
KIM CARNEY SPRAGUE**

STREET ADDRESS

**825 DUVAL ST
Key West, FL 33040**

CITY - ST - ZIP

TITLE

**VICE PRESIDENT
BILLY W. SPRAGUE**

STREET ADDRESS

**825 DUVAL ST.
Key West, FL 33040**

CITY - ST - ZIP

TITLE

NAME

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

SIGNATURE:

Kim Sprague KIM SPRAGUE / PRESIDENT 4/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)