

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000042430**

1. Entity Name

GLASS SERVICE USA, INC.**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90040 022 ***150.00

Principal Place of Business HRBOVA 1561, 755 01 VSETIN, CZECH REPUBLIC	Mailing Address HRBOVA 1561, 755 01 VSETIN, CZECH REPUBLIC
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2. Principal Place of Business
ROKYTNICE 603. Mailing Address
ROKYTNICE 60

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
VSETINCity & State
VSETINZip
755 01Country
CZECH REPUBLICZip
755 01Country
CZECH REPUBLIC4. FEI Number
59-3380710

Applied For

Not Applied For

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

**ARTHUR R. LOUV
STE. #201
801 N. MAGNOLIA AVE.
ORLANDO FL 32803**

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	☐ Delete
NAME	CHMELAR, PETR	
STREET ADDRESS	HRBOVA 1561, 755 01	
CITY-ST-ZIP	VSETIN, CZECH REPUBLIC	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Delete
NAME	CHMELAR, JOSEF	
STREET ADDRESS	HRBOVA 1561, 755 01	
CITY-ST-ZIP	VSETIN, CZECH REPUBLIC	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	☐ Delete
NAME	LOUV, ARTHUR R.	
STREET ADDRESS	2501 CLARK ST.	
CITY-ST-ZIP	APOPKA FL	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ 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:

CHMELAR PETR**JANUARY 20, 2000 657 698511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #