

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050748

1. Entity Name

GLASS SENTINAL PRODUCTS, INC.

FILED

00 SEP 27 PM 2: 25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

510 DOUGLAS AVE., #1025  
ALTAMONTE SPRINGS FL 32714

Mailing Address

510 DOUGLAS AVE., #1025  
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

925 SUNSHINE LANE

Suite, Apt. #, etc.

1020

City & State

ALTAMONTE SPRINGS, FL

Zip

32714

Country

USA

3. Mailing Address

925 SUNSHINE LANE

Suite, Apt. #, etc.

1020

City & State

ALTAMONTE SPRINGS FL

Zip

32714

Country

USA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Fee Number

59-3384223

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KITCHEN, KENNETH W  
525 HICKORYWOOD AVE  
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

KITCHEN, KENNETH W

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

925 SUNSHINE LANE

STE 1020

City

ALTAMONTE SPRINGS FL

Zip Code

32714

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)

9/23/00

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 D  
NAME KITCHEN, KENNETH W  
STREET ADDRESS 525 HICKORYWOOD AVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

000002415900-4  
-10/05/00--01121--006  
\*\*\*\*750.00 \*\*\*\*750.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/00

DATE

407 714-1214

Daytime Phone #