

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033253

1. Entity Name

GLACIER TEK, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90128 013 ***150.00

Principal Place of Business

508 CLIFTON DR
~~SUITE 212~~
W MELBOURNE FL 32904
US

Mailing Address

2263 W NEW HAVEN AVE
STE 398
W MELBOURNE FL 32904-3805
US

2. Principal Place of Business

508 CLIFTON Drive

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

W. Melbourne FL

Zip

32904

Country

Brevard

City & State

Zip

Country

4. FEI Number

59-3443869

Applied For

Not Applicable

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

WUEST, STEVEN L

508 CLIFTON DR

~~SUITE 212~~

W MELBOURNE FL 32904

Name

STEVEN L. WUEST

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

508 CLIFTON Drive

City

W. Melbourne

FL

Zip Code

32904

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]

STEVEN L. WUEST President

4/24/2000

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 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	PTD	<input type="checkbox"/> Delete
NAME	WUEST, STEVEN L	
STREET ADDRESS	508 CLIFTON DRIVE	
CITY-ST-ZIP	W. MELBOURNE FL 32904	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	BOUSKA, RAYMOND M	
STREET ADDRESS	PO BOX 110224	
CITY-ST-ZIP	PALM BAY FL 32911-0224	
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		

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	
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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:

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

Date

Daytime Phone #

4/24/2000 321
676-7799

CR2E034 (9/99)