

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000045537**

1. Entity Name

GUTHRIE GLASS, TAMPA BAY, INC.

FILED

03 JAN -9 PM 2:51

Principal Place of Business

**9483 ULMERTON ROAD
LARGO FL 34641**

Mailing Address

**7829 S. HWY 17-92
FERN PARK FL 32730
US**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

**1255 Belle Avenue
Suite, Apt. #, etc.
190**

3. Mailing Address

**1255 Belle Avenue
Suite, Apt. #, etc.
190**

City & State

WINTER SPRINGS FL

City & State

WINTER SPRING FL

Zip

32708

Country

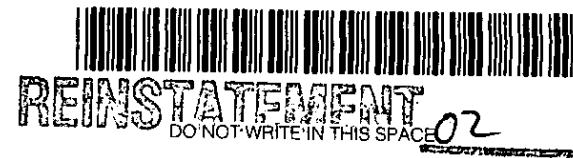
US

Zip

32708

Country

US



4. FEI Number

59-3451194

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GUTHRIE, WILLIAM R
7829 S. HWY 17-92
FERN PARK FL 32730**

7. Name and Address of New Registered Agent

Name

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

1386 AUGUSTA NATIONAL BLVD

City

WINTER SPRING

FL

Zip Code

32708

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee 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	<input type="checkbox"/> Delete
NAME	GUTHRIE, SCOTT	
STREET ADDRESS	4110 ENTERPRISE AVE., 3118	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUTHRIE, WILLIAM R	
STREET ADDRESS	1558 EAGLE NEST CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUTHRIE, DOUGLAS B	
STREET ADDRESS	7829 S. HWY 17-92	
CITY-ST-ZIP	FERN PARK FL 32730	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LANNING, RUSSELL	
STREET ADDRESS	9483 ULMERTON RD	
CITY-ST-ZIP	LARGO FL 34641	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1110 WINGED FOOT CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1386 AUGUSTA NATIONAL Blvd.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	585 CALIBAN CAUST PKWY	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500008890685	
CITY-ST-ZIP	11/08/02--01072--014 **550.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500008890685	
CITY-ST-ZIP	01/15/03--01083--008 **200.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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 #