

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023939

1. Entity Name

GLF INTERIOR TEXTURES, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90005 049 ***150.00

Principal Place of Business	Mailing Address
300 SOUTH FLORIDA AVE. APT. 500L TARPON SPRINGS FL 34689	300 SOUTH FLORIDA AVE. APT. 500L TARPON SPRINGS FL 34689-2703

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-3497909	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FAGAN, GLENN L
300 SOUTH FLORIDA AVE. APT. 500L
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	PST
NAME	FAGAN, GLENN L
STREET ADDRESS	300 S FLORIDA AVE APT 500L
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	VP
NAME	CAIRO, JOSEPH
STREET ADDRESS	300 S FLORIDA AVE APT 500L
CITY-ST-ZIP	TARPON FL 34689
TITLE	2VP
NAME	CAIRO, GREGORY L
STREET ADDRESS	300 S FLORIDA AVE APT 500L
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D/P/S/T
NAME	FAGAN, GLENN L.
STREET ADDRESS	300 S. FLORIDA AVE., APT. 500L
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	2VP
NAME	HAYES, GREGORY L.
STREET ADDRESS	300 S. FLORIDA AVE., APT. 500L
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: *Glenn L. Fagan* GLENN L. FAGAN 04-17-00 (727) 942-7833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)