

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90116 046 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000023939

1. Entity Name
GLF INTERIOR TEXTURES, INC.



Principal Place of Business
300 SOUTH FLORIDA AVE. APT. 500L
TARPON SPRINGS, FL 34689

Mailing Address
300 SOUTH FLORIDA AVE. APT. 500L
TARPON SPRINGS, FL 34689

2. Principal Place of Business
2604 SHIPSTON AVENUE

Suite, Apt. #, etc.

3. Mailing Address
2604 SHIPSTON AVENUE

Suite, Apt. #, etc.

City & State
NEW PORT RICHEY, FL

Zip
34655

Country

City & State
NEW PORT RICHEY, FL

Zip
34655

Country

4. FEI Number
59-3497909

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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
FAGAN, GLENN L.
Street Address (P.O. Box Number is Not Acceptable)
2604 SHIPSTON AVENUE

City
NEW PORT RICHEY **FL** Zip Code
34655

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 *X* *GLF*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when installing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FAGAN, GLENN L. 300 S FLORIDA AVE APT 500L TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAIRO, JOSEPH 300 S FLORIDA AVE APT 500L TARPON, FL 34689	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP HAYES, GREGORY L. 716 E LIME STREET #706 TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHINELLI, MARK A 3520 TRUMAN DRIVE HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T FAGAN, GLENN L. 2604 SHIPSTON AVENUE NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NIBERT, PETE 2604 SHIPSTON AVENUE NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X* *GLF*

GLENN L. FAGAN

X 7-18-03

(727) 942-7833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)