

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90737 002 ***150.00

DOCUMENT # *P98000042725*

1. Entity Name

River End Glass Studio, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4 River End Pl

Suite, Apt. #, etc.

3. Mailing Address

PO Box 352263

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

80061899

City & State
Palm Coast FL

City & State
Palm Coast FL

4. FEI Number

59-3521207

Applied For

Not Applicable

Zip
32164

Country

Zip
32135

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Susan A. Ziegler*

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

4 River End Pl

City *Palm Coast*

FL

Zip Code
32164

**DO NOT WRITE
IN THIS SPACE**

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 file 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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME *D Susan A. Ziegler*
STREET ADDRESS *4 River End Pl*
CITY- ST- ZIP *Palm Coast FL 32164*

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan A. Ziegler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

(386) 437-4320

CR2E034B (12/01)