

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072299

1. Entity Name
THE GLASS ONION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 12:13

Principal Place of Business
1005 SOUTH BLVD
LAKELAND FL 33803

Mailing Address
1005 SOUTH BLVD
LAKELAND FL 33803

2. Principal Place of Business
120 W. MAIN ST
Suite, Apt. #, etc.

3. Mailing Address
120 W. MAIN ST
Suite, Apt. #, etc.

City & State
LAKE LAND, FL
Zip
33805 Country
USA

City & State
LAKE LAND, FL
Zip
33815 Country
USA

REINSTATEMENT

4. FEI Number 59-3582546 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BERMAN, KENNETH C
1005 SOUTH BLVD
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name
Kenneth C BERMAN
Street Address (P.O. Box Number is Not Acceptable)
1005 SOUTH BLVD
City LAKE LAND FL Zip Code 33803

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  FOR REINSTATEMENT 10-16-00
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, 2000 Min. 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
NAME BERMAN, KENNETH C
STREET ADDRESS 1005 SOUTH BLVD
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 300003441883-8
STREET ADDRESS -10/26/00--01115--012
CITY-ST-ZIP ****750.00 ****750.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:  10-16-00 863 683 0803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF-2 E034 (5/00)