Amended

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105222

1. Entity Name

First Glass, Inc.

APPROVED AND FILED

02 NOV 21 PM 2:52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2830 Forsyth Road	2830 Forsyth Road
Suite, Apt. #, etc. Suite 412	Suite, Apt. #, etc. Suite 412
City & State Winter Park, FL	City & State Winter Park, FL
Zip 32792 Country USA	Zip 32792 Country USA

DO NOT WRITE IN THIS SPACE

FEI Number 59-3548254 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Susan L. Eberle, Esq.

Street Address (P.O. Box Number is Not Acceptable): 320 N. Magnolia Ave, Suite A-9

City: Orlando FL Zip Code: 32801

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 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) ☐

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	President/Director/Treasurer
NAME	McAdams, Matthew S.
STREET ADDRESS	2830 Forsythe Road, Ste. 412
CITY-ST-ZIP	Winter Park, FL 32792
TITLE	Vice President/Director
NAME	Samuel, Charles E.
STREET ADDRESS	2830 Forsyth Road, Ste. 412
CITY-ST-ZIP	Winter Park, FL 32792
TITLE	Secretary
NAME	Deborah A. Samuel
STREET ADDRESS	2803 Forsyth Road Ste 412
CITY-ST-ZIP	Winter Park, FL 32992
TITLE	
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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: Deborah A Samuel Deborah A. Samuel 11/7/02 4074231183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #