

2000 UNIFORM BUSINESS REPORT (UBR)

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03-20-2000 90060 010 ***150.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

1. Entity Name
ADVANCED GLASS PROTECTION SYSTEMS, INC.

Principal Place of Business
7650 BAYSHORE DR., #603
TREASURE ISLAND FL 33370-6

Mailing Address
7650 BAYSHORE DR., #603
TREASURE ISLAND FL 33706-3541

2. Principal Place of Business
7650 Bayshore Dr

Suite, Apt. #, etc.
603

City & State
TREASURE ISLAND, FL

Zip
33706

Country
USA

4. FEI Number
59-857-3098

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOTLER, MICHAEL
7650 BAYSHORE DR., #603
TREASURE ISLAND FL 33370-6

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 **MICHAEL J. KOTLER President Michael J. Kotler** **3-14-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) 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 \$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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	KOTLER, MICHAEL	7650 BAYSHORE DR., #603	TREASURE ISLAND FL 33370-6	<input type="checkbox"/>	<input type="checkbox"/>
D	KOTLER, PATRICIA	7650 BAYSHORE DR., #603	TREASURE ISLAND FL 33370-6	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CP2004 (9/98)

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: **Michael J. Kotler** **3-14-00** **(727) 367-7527**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SP