

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90083 003 ***150.00

0121459 AV

DOCUMENT # P99000042742

1. Entity Name

GLAZE CONSTRUCTION, INC.

Principal Place of Business

1312 SCOTTISH ST SW
 PALM BAY FL 32908

Mailing Address

1655 ATZ RD
 MALABAR FL 32950

2. Principal Place of Business

1655 Atz Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Malabar Florida

City & State

City & State

Zip

32950

Country

Brevard

Zip

Country

4. FEI Number

59-3575341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GEHMAN, THOMAS C

1655 ATZ ROAD

MALABAR FL 32950

7. Name and Address of New Registered Agent

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 **Thomas C Gehman**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/21/02

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, 2002 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

TITLE **PD** ☒ Delete
 NAME **SLATER, JEFFREY**
 STREET ADDRESS **1312 SCOTTISH ST**
 CITY-ST-ZIP **PALM BAY FL 32908**

TITLE **VPDT** ☐ Delete
 NAME **GEHMAN, THOMAS C**
 STREET ADDRESS **1655 ATZ RD**
 CITY-ST-ZIP **MALABAR FL 32950**

TITLE **DVPS** ☐ Delete
 NAME **GEHMAN, JUDITH A**
 STREET ADDRESS **1655 ATZ RD**
 CITY-ST-ZIP **MALABAR FL 32950**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **PDS** ☒ Change ☐ Addition
 NAME **Gehman, Judith A.**
 STREET ADDRESS **1655 Atz Rd**
 CITY-ST-ZIP **MALABAR, FL 32950**

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

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

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

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:

Judith A. Gehman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/02

Date

321-728-1258

Daytime Phone #

CR2E034 (9/01)