

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062088

1. Entity Name

GLASS DOLPHIN WORKS, INC.

FILED

May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90019 002 \*\*\*150.00

Principal Place of Business

Mailing Address

556 SUTTON PLACE  
LONGBOAT KEY FL 34228

PMB 188.5380 GULF OF MEXICO DR.  
LONGBOAT KEY FL 34228-2048

2. Principal Place of Business

3. Mailing Address

795 Marbury  
Suite, Apt. #, etc.

5380 Gulf of Mexico Dr  
Suite, Apt. #, etc.  
PMB 188



DO NOT WRITE IN THIS SPACE

City & State  
Longboat Key  
34228  
Country  
USA

City & State  
Longboat Key  
34228  
Country  
USA

4. FEI Number

65-0934517

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KARY, KELLY  
556 SUTTON PLACE  
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name

Kelly Kary

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

795 Marbury Lane

City

Longboat Key FL

Zip Code

34228

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

4-24-00

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	owner Kelly Kary
STREET ADDRESS	795 Marbury Lane
CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 (941) 387-8078

CR2E034 (9/99)