2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State
07-31-2003 90067 034 ***150.00

013922 AT

DOCUMENT # P99000067463

1. Entity Name
GLASSMAN GROSSI, INC.

Principal Place of Business	Mailing Address
3385 S MCCALL RD ENGLEWOOD FL 34224 US	3385 S MCCALL RD ENGLEWOOD FL 34224 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0946015 ☐ 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
GLASSMAN, DANIEL 74 CAYMAN ISLES BLVD ENGLEWOOD FL 34223	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GLASSMAN, DANIEL 74 CAYMAN ISLES BLVD ENGLEWOOD FL 34223 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/03)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Daniel Glassman 07.24.03 941-475-9545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

801347616
#P99000067463

RUBBER TREE CARPETS
3385 S. McCall Rd.
Englewood, FL 34224
941-475-9545
941-473-4159 Fax

7/29/03

Florida Department of State
Divisions of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

Enclosed is our check for the 2003 Uniform Business Report. Our accountant never received any prior documents, so we are paying the annual filing fee.

Lynden Valentine

Lynden Valentine
Controller