

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91422 023 ***150.00

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1. Entity Name

TOURNE GLASS DESIGNER'S, INC.



Principal Place of Business
625 S WILD FLOWER COURT
LONGWOOD FL 32750

Mailing Address
625 S WILD FLOWER COURT
LONGWOOD FL 32750

2. Principal Place of Business

143 ATLANTIC DR

3. Mailing Address

25303 ROLLING OAK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MAITLAND, FLORIDA

City & State

SORRENTO, FLORIDA

Zip

32751

Country

U.S.A.

Zip

32776

Country

U.S.A.

4. FEI Number

59-3607657

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TOURNE, SANDRA
625 S WILD FLOWER COURT
LONGWOOD FL 32750

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. 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 \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE P
NAME TOURNE, SANDRA
STREET ADDRESS 625 S WILD FLOWER COURT
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D
NAME DEL VIDRIO, GALERIA
STREET ADDRESS CALLE 76 NO - 62-50
CITY-ST-ZIP SANTA FE DE BOGOTA, COLUMBIA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.
NAME TOURNE, SANDRA
STREET ADDRESS 25303 ROLLING OAK RD
CITY-ST-ZIP SORRENTO, FL 32776

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/2/03 3212281439

CR2E034 (10/02)