

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093775

1. Entity Name

GLASSCOM, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90007 037 ***550.00

Principal Place of Business

2705 N. 35TH ST.
TAMPA FL 33605

Mailing Address

2705 N. 35TH ST.
TAMPA FL 33605

00000044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2705 N. 35TH ST.
Suite, Apt. #, etc.

3. Mailing Address

2705 N. 35TH ST.
Suite, Apt. #, etc.

City & State

Tampa, FL
Zip Country
33605

City & State

Tampa, FL
Zip Country
33605

4. FEI Number

59-3657424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONDON, PATRICK J
2705 N. 35TH ST.
TAMPA FL 33605

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME CONDON, PATRICK J
STREET ADDRESS 2705 N. 35TH ST.
CITY-ST-ZIP TAMPA FL 33605

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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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:

Patrick J Condon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/00 813-247-5528
Date Daytime Phone #

CR2E034 (5/00)