

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096090

1. Entity Name  
**PROTECTIVE GLASS INDUSTRIES, INC.**

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90001 044 \*\*\*150.00

Principal Place of Business

Mailing Address

**6431 TOPAZ CT.  
FT. MYERS FL 33912**

**6431 TOPAZ CT.  
FT. MYERS FL 33912**

**B0058757**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**2546 FOWLER ST.**

**2546 FOWLER ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FORT MYERS, FL**

**FORT MYERS FL**

4. FEI Number

**65-0989285**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**33901**

**33 901**

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

**STREYFFELER, KURT A  
2222 2ND ST.  
FT. MYERS FL 33901**

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!**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MERHIGE, PETER M**  
CITY-ST-ZIP **6441 TOPAZ CT.  
FT. MYERS FL 33912**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **SAM MERHIGE**  
CITY-ST-ZIP **2546 FOWLER STREET  
FT. MYERS, FL 33901**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **TRENT HOWE**  
CITY-ST-ZIP **2546 FOWLER STREET.  
FT. MYERS, FL 33901**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is 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 life empowered.

SIGNATURE:

**TRENT HOWE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER - DIRECTOR

Date

Daytime Phone #

**4-24-01 941 936-4227**

CR2E034 (10/00)