## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) S95569 DOCUMENT # 1. Entity Name J.M.S. GLASS INC.



**FILED** Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90194 028 \*\*\*150.00

|   |  |   |                                       |                                 |                                     |  |   | _                                     |  |               |   |  |
|---|--|---|---------------------------------------|---------------------------------|-------------------------------------|--|---|---------------------------------------|--|---------------|---|--|
| Principal Place   |  |   |                                       |                                 | Address                             |  |   |                                       |  | PAUUE         | 313   |  |
| 5551 LOCKETT ROAD   |  |   |                                       | P.O. BOX 178<br>ESTERO FL 33928 |                                     |  |   |                                       |  |               |   |  |
| FORT MYERS FL 33905   |  |   | US                                    |                                 |                                     |  |   | 1 (082) 0 (0 (20 (2) 0) ESIES 0 (1) ( |  |               |   |  |
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| 2. Principal Plac   | ce of Busin  | ess   | <del></del>                           | 3. Maili                        | ng Address                          |  |   |                                       | 10611010   10101   01401   0141                            |               | IBII OTOIL BEBLI OL                           | 814 B1844 1884   |
| 535 / Lucket Rd   |  |   | SAME                                  |                                 |                                     |  |   |                                       |  |               |   |  |
| Suite, Apt. #, etc.   |  |   |                                       | Suite, Apt. #, etc.             |                                     |  |   |                                       | CHECK HERE IF MAKING CHANGES                               |               |   |  |
| 000 000   |  |   | <del></del>                           | City                            | & State                             |  |   | 4. FE                                 | I Number En 2002/  | 200           | - Ap  | plied For  |
| City & State  |  |   |                                       | City                            | Sign                                | ه  | الاستعاد السائدس  |                                       | 1 Number 59-309870   | <u></u>       |   | t Applicable   |
| Zip   |  | Country   |                                       | Zip                             |                                     | Count  | ry  | <b>5.</b> Ce                          | ertificate of Status Desire                                | d 🗆           | \$8.75 Add<br>Fee Required                    |  |
| <u></u>   | 6 Nama   | and Addres  | ss of Current                         | Registered                      | d Agent                             | 1  |   | 7. Na                                 | ame and Address of New                                     | w Registered  | Agent   |  |
|   | U. INAIIIE   | and Addres  | 33 Of Current                         |                                 |                                     |  | Name  |                                       |  |               |   | ,  |
| SNIDER, JA  | N M  |   |                                       |                                 |                                     |  | 0   | - (D.O. Day                           | - Number is Not Assents                                    | hlo)          | <u></u>                                       |  |
| 5551 LUCKI  |  | 1   |                                       |                                 |                                     | ļ  | Street Addres   | s (P.U. Bo)                           | x Number is Not Accepta                                    |               |   |  |
| FORT MYER   |  |   |                                       |                                 |                                     |  |   |                                       |  |               |   |  |
| FURI MIER   | HO FL JOS  | 03  |                                       |                                 |                                     |  |   |                                       |  |               | Zip Code                                      |  |
|   |  | ٠,  |                                       |                                 |                                     |  | City  |                                       |  | FL            | -   |  |
| 8. The above n  | named entit  | v submits th  | is statement for                      | or the purpo                    | ose of changing i                   | ts registere   | d office or regis   | tered ager                            | nt, or both, in the State of                               | Florida. I am | familiar with,                                | and accept   |
| the obligatio   | ons of regist  | ered agent.   |                                       |                                 |                                     |  |   |                                       |  |               |   |  |
|   |  |   | LiC.                                  |                                 |                                     |  |   |                                       |  | 2 -           | 10-03   | ·  |
| SIGNATURE   | Signature Apped                                      | or printed name                                       | of registered agen                    | t and title if appl             | licable. (NO                        | DTE: Registered  | 1 Agent signature requ  | ired when rein                        | nstating)  | DATE          |   |  |
| FIL   | LE NOW!  | ! FEE IS  | \$150.00                              |                                 |                                     |  |   |                                       |  |               | A= 0  | a  |
| After I   | May 1, 200   | 3 Fee will  | be \$550.00                           |                                 |                                     |  |   |                                       | <ol><li>Election Campaigr<br/>Trust Fund Contrib</li></ol> | -             |   | O May Be<br>I to Fees  |
| After I<br>Make Check   | May 1, 200<br>Payable to                             | 3 Fee will<br>Florida D                               | be \$550.00<br>epartment o            | of State                        |                                     |  |   | *00                                   | Trust Fund Contrib   | ution.        | Added   | to Fees  |
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appropriate or on an attachment with an address with a other like empowered.

SIGNATURE: