

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90049 049 \*\*\*158.75

**DOCUMENT # V25577**

1. Entity Name

**GLASS CONCEPTS OF OKALOOSA COUNTY, INC.**

Principal Place of Business

Mailing Address

1620 HIGHWAY 98, WEST  
 MARY ESTHER FL 32569

1620 HIGHWAY 98, WEST  
 MARY ESTHER FL 32569-1548

00013632

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

**59-3101294**

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

**CORPORATION INFORMATION SERVICES INC.**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

Name

**Kelly T. Carpenter**

Street Address (P.O. Box Number is Not Acceptable)

**734 Legion Dr #63**

City

**Destin**

FL

Zip Code

**32541**

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

*Kelly T. Carpenter*

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

(NOTE: Registered Agent signature required when reinstating)

**01-25-00**

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 \$150.00**

**After MAY 1, 2000 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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SPERANDIO, JAMES A.	
STREET ADDRESS	2684 AVENIDA DESOTA	
CITY-ST-ZIP	NAVARRE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HARDING, CYRONE L.	
STREET ADDRESS	6905 DEENA LANE	
CITY-ST-ZIP	NAVARRE FL	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	SPERANDIO, MARGARET	
STREET ADDRESS	2684 AVENIDA DESOTA	
CITY-ST-ZIP	NAVARRE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change
NAME	TOOD D. BROWN	
STREET ADDRESS	59 wedge Ct	
CITY-ST-ZIP	Destin, FL 32541	
TITLE	DVP	<input type="checkbox"/> Change
NAME	Kelly T. Carpenter	
STREET ADDRESS	734 Legion Dr #63	
CITY-ST-ZIP	Destin, FL 32541	
TITLE	DST	<input type="checkbox"/> Change
NAME	Heather Brown	
STREET ADDRESS	734 Legion Dr #63	
CITY-ST-ZIP	Destin, FL 32541	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
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 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.

SIGNATURE:

*Kelly T. Carpenter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kelly T. Carpenter**

Date

**01-25-00**

Daytime Phone #

**850-581-2**