

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 08:00 AM
Secretary of State

DOCUMENT # L00000002992

1. Entity Name
 GLASS4LESS, L.L.C.

Principal Place of Business 7380 PHILIPS HIGHWAY, SUITE 401 JACKSONVILLE FL 32256	Mailing Address 7380 PHILIPS HIGHWAY, SUITE 401 JACKSONVILLE FL 32256
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2. Principal Place of Business 7380 PHILIPS HIGHWAY, SUITE 402 Suite, Apt. #, etc.	3. Mailing Address 7380 PHILIPS HIGHWAY, SUITE 402 Suite, Apt. #, etc.
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL	4. FEI Number 59-3634410	Applied For <input type="checkbox"/> Not Applicable
Zip 32256	Country	Zip 32256	Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDERSON J. PATRICK
 930 S. HARBOR CITY BOULEVARD
 SUITE 505
 MELBOURNE FL 32901 US

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 _____ DATE **04/24/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			
TITLE	MGR	<input checked="" type="checkbox"/> Delete	
NAME	DOOLEY THOMAS		
STREET ADDRESS	7380 PHILIPS HIGHWAY SUITE 401		
CITY-ST-ZIP	JACKSONVILLE FL 32256		
TITLE	MGR	<input type="checkbox"/> Delete	
NAME	NELSON ALAN L		
STREET ADDRESS	7380 PHILIPS HIGHWAY SUITE 401		
CITY-ST-ZIP	JACKSONVILLE FL 32256		
TITLE	MGR	<input type="checkbox"/> Delete	
NAME	HOCKELBERG CRAIG C		
STREET ADDRESS	7380 PHILIPS HIGHWAY SUITE 401		
CITY-ST-ZIP	JACKSONVILLE FL 32256		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

10. ADDITIONS / CHANGES			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Alan L. Nelson MGR 04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (1/00)