

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02 AUG 26 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # 476818 -- Amendment

1. Entity Name

Glatting Jackson Kercher Anglin Lopez Rinehart, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Orlando, Florida

Suite, Apt. #, etc.

3. Mailing Address
33 E. Pine Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, Florida

City & State
Orlando, FL

4. FEI Number
59-1594244

Applied For
 Not Applicable

Zip
32801

Country
USA

Zip
32801

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Mr. Patrick Crowell

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

320 North Magnolia Avenue, Suite 9-B

City
Orlando

FL

Zip Code
32801

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 relocating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

See Attached Sheet

TITLE
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8/16/02

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Shaun K. Kamanski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/02

DATE

407-843-6552

OFFICE PHONE #

CR2E034B (12/01)

Attachment 974663
476818

Officers and Directors

TITLE: C
NAME: William C. Kercher, Jr.
STREET ADDRESS: 712 S. Lake Adair Blvd
CITY - Orlando STATE - Florida ZIP CODE - 32804

TITLE: P
NAME: Timothy T. Jackson
STREET ADDRESS: 1397 S. Ridge Lake Circle
CITY - Longwood STATE - Florida ZIP CODE - 32750

TITLE: S
NAME: William J. Anglin, Jr.
STREET ADDRESS: 350 Senecal Trail
CITY - Maitland STATE - Florida ZIP CODE - 32751

TITLE: V/T
NAME: Sharon K. Lamantia
STREET ADDRESS: 375 Kapok Court
CITY - Longwood STATE - Florida ZIP CODE - 32779

TITLE: V
NAME: David L. Barth
STREET ADDRESS: 4 Bunker Place
CITY - Tequesta STATE - Florida ZIP CODE - 33469

TITLE: V
NAME: Jay H. Exum
STREET ADDRESS: 2253 Peachleaf Court
CITY - Longwood STATE - Florida ZIP CODE - 32779

TITLE: V
NAME: Carey S. Hayo
STREET ADDRESS: 1822 Bimini Drive
CITY - Orlando STATE - Florida ZIP CODE - 32806

TITLE: V
NAME: Jay R. Hood
STREET ADDRESS: 11646 Grace Lane
CITY - Clermont STATE - Florida ZIP CODE - 34711

TITLE: V
NAME: Walter M. Kulash
STREET ADDRESS: 720 Gamewell Avenue
CITY - Maitland STATE - Florida ZIP CODE - 32751

TITLE: V
NAME: John H. Percy
STREET ADDRESS: 1214 Wilkinson Street
CITY - Orlando STATE - Florida ZIP CODE - 32803

TITLE: V
NAME: John F. Rinehart
STREET ADDRESS: 17635 Seidner Road
CITY - Winter Garden STATE - Florida ZIP CODE - 34787