

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90089 002 ***158.75

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1. Entity Name
GLATTING JACKSON KERCHER ANGLIN LOPEZ RINEHART, INC.



Principal Place of Business
**33 E PINE STREET
ORLANDO FL 32801-2607**

Mailing Address
**33 E PINE STREET
ORLANDO FL 32801-2607**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1594244**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROWELL, PATRICK
320 N. MAGNOLIA AVE.
SUITE 9-B
ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	KERCHER, WILLIAM C JR	
STREET ADDRESS	712 S LAKE ADAIR BLVD	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	P	<input type="checkbox"/> Delete
NAME	JACKSON, TIMOTHY T	
STREET ADDRESS	1397 S RIDGE LAKE CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANGLIN, WILLIAM J JR	
STREET ADDRESS	350 SENECA TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VT	<input type="checkbox"/> Delete
NAME	LAMANTIA, SHARON K	
STREET ADDRESS	375 KAPOK COURT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARTH, DAVID L	
STREET ADDRESS	4 BUNKER PLACE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	V	<input type="checkbox"/> Delete
NAME	EXUM, JAY H	
STREET ADDRESS	2253 PEACHLEAF COURT	
CITY-ST-ZIP	LONGWOOD FL 32779	

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Required Sharon K Lamantia 2/14/03 407-843-6552*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)