2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000005770

FILED Apr 30, 2003 Secretary of State

Entity Na	me: GLOTFE	LTY FOUNDATION, INC	D.				
Current Principal Place of Business:				New Principal Place of Business:			
	CE PLACE D, FL 33813						
Current Mailing Address:				New Mailing Address:			
	CE PLACE D, FL 33813						
FEI Number: 58-3604473 FEI Number Applied For ()			·() FEI Nu	FEI Number Not Applicable () Certificate of Status Desired ()			Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1086 TRAI LAKELANI The above	TY, EDWARD CE PLACE D, FL 33813 e named entity e of Florida.	N US submits this statement f	or the purpose o	of changing i	ts registered	office or registered	agent, or both,
SIGNATUI							
Electronic Signature of Registered Agen						Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D (GLOTFELTY, 2233 NOTTING LAKELAND, FL	SHAM RD.		Title: Name: Address: City-St-Zip:	1	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (GLOTFELTY, I 2122 SYLVES' LAKELAND, FL	TER CT.		Title: Name: Address: City-St-Zip:	GLOTFELTY 1108 COCKL		
Title: Name: Address: City-St-Zip:	D (GLOTFELTY, E 2233 NOTTING LAKELAND, FL	SHAM RD.		Title: Name: Address: City-St-Zip:	1	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD NEIL GLOTFELTY 04/30/2003 D