## 2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am g Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000134748 DOCUMENT # 05-05-2003 90723 043 \*\*\*158.75 1. Entity Name GLC GROUP III. INC. Principal Place of Business Mailing Address 11039958 1911 US HWY 301 NORTH STE 450 1911 US HWY 301 NORTH STE 450 **TAMPA FL 33619 TAMPA FL 33619** 3. Mailing Address 2. Principal Place of Business 605 Hitchinic Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For Bornoor 435060 Down soon Not Applicable Country <sup>ヹip</sup> ろろろい \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET #200 MIAMI BEACH FL 33139 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Addition NAME GLASS, MARSHALL NAME 605 Hitchiog Post DRIVE STREET ADDRESS STREET ADDRESS 1911 US HWY 301 NORTH STE 450 CITY-ST-ZIP **TAMPA FL 33619** CITY-ST-ZIP BRANDON, RC ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME" NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

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