n

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000011836 1. Entity Name						FILED			
						Mar 02, 2001 8:00 an			
•	& GLAZIER, P.A.					Secretary 03-02-2001 9002			
Principal Place		Mailing Address							
3761 PERIMETE SUITE 103 JACKSONVILLE JS		8761 PERIMETER PARK BLVD SUITE 103 JACKSONVILLE FL 32216 US							
		3. Mailing Address Vd 8825 Perin Suite, Apt. #, etc. Suite 504	neter	Par	k Blvd	DO NOT WRITE IN THI			
City & State		City & State Jacksonville	, FI		4. F	El Number 59-3297854	Applie Not Ar	d For	
Zip 32216		Zip 32216	Count US	-	5. (Certificate of Status Desired	\$8.75 Addition Fee Required		
	6. Name and Address of Current I	Registered Agent		Nim	7. N	lame and Address of New Registere	d Agent		
GLASSER, SCOTT L ESQ 8761 PERIMETER PARK BLVD				Scott L. Glazier Street Address (P.O. Box Number is Not Acceptable) 8825 Perimeter Park Blvd.					
SUITE 103 JACKSONVILLE FL 32216					ite 50				
			[City Ja	cksonv	illo	Zip Code 32216		
8. The above	named entity submits this statement for	the purpose of changing its	registere				32216		
SIGNATURE .	Signature, typed or printed name of registered again	Scatt of not title if applicable. (NOTE	L. Gla	Agent signatur	e required when re	2 (-6/01		
Tax filing requirement and elects to do so. After MAY 1, 2001			01 Fee	FEE IS \$150.00 Fee will be \$550.00 to Department of Stat		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 A Added to		
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN	11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GLAZIER, CYNTHIA B 8761 PERIMETER PARK BLVD SU JACKSONVILLE FL 32216	□ Delete			8825	ia B. Glazier Perimeter Park Bl onville, FL 3221	vd. Ste.	3 Addition 504	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS GLAZIER, SCOTT L 8 8761 PERIMETER PARK BLVD SUITE 103			T ADDRESS	Scott L. Glazier Schange Addition 8825 Perimeter Park Blvd. Ste. 504 Jacksonville, FL 32216				
TITLE NAME	JACKSONVILLE FL 32216	☐ Delete	TITLE			OHVIIIO, 11 322		Addition	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change [Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREI				☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS		☐ Deiete	: TITLE				Change [Addition	

13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SCOTT L. Glazzer
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904)997-1033