

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90033 019 ***150.00

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DOCUMENT # P97000015694

1. Entity Name
G.L.D.V., INC.

Principal Place of Business

**2443 WALKERTOWN AVE
 DELTONA FL 32725
 US**

Mailing Address

**2443 WALKERTOWN AVE
 DELTONA FL 32725
 US**

2. Principal Place of Business

Suite, Apt. #, etc.
DELTONA FL
 City & State

3. Mailing Address

Suite, Apt. #, etc.
DELTONA FL
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2289291**

Applied For
 Not Applicable

Zip **32725**
 Country **US**

Country **US**

Zip **32725**
 Country **US**

Country **US**

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

6. Name and Address of Current Registered Agent

**DAVY, NORMA JEAN
 2443 WALKERTOWN AVE
 DELTONA FL 32725**

7. Name and Address of New Registered Agent

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.

SIGNATURE *NORMA JEAN DAVY (PRES)* *Norma Jean Davy* *1/14/02*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	DAVY, NORMA J	
STREET ADDRESS	2443 WALKERTOWN AVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VALENTE, SHERWOOD B	
STREET ADDRESS	2443 WALKERTOWN AVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GLATZ, WILLIAM J	
STREET ADDRESS	1888 VIENNA AVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LANDERS, LUCILLE	
STREET ADDRESS	2766 NEWMARK DRIVE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE: *Norma Jean Davy* *NORMA JEAN DAVY (PRES)* *386-532-2644*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)