

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90472 002 ***150.00

11/00024 AV

DOCUMENT # P98000065614

1. Entity Name

~~ATLAS MARKETING & TRAVEL SERVICES, INC.~~

NAME CHANGE: GLASS ROOTS, INC.

Principal Place of Business

8951 ESGUERRA LANE
 ORLANDO FL 32836
 US

Mailing Address

8951 ESGUERRA LANE
 ORLANDO FL 32836
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2406554

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOVETT, ROBERT
 8951 ESGUERRA LANE
 ORLANDO FL 32836

Name
Denise M Lovett

Street Address (P.O. Box Number is Not Acceptable)
8951 Esguerra Lane

City
Orlando

FL

Zip Code
32836

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Denise M. Lovett, President

3/4/02

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirements 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P LOVETT, ROBERT**
 STREET ADDRESS **8951 ESGUERRA LANE**
 CITY-ST-ZIP **ORLANDO FL 32836**

TITLE Change Addition
 NAME **P/T/D Denise M Lovett**
 STREET ADDRESS **8951 Esguerra Lane**
 CITY-ST-ZIP **Orlando, FL 32836**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change 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:

Denise M. Lovett, President *3/4/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-876-8936

CR2E034 (9/01)