

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90001 012 ***150.00

DOCUMENT # 319844
1. Entity Name
Glover Oil Company, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3109 S. Main Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 790
Suite, Apt. #, etc.
M

DO NOT WRITE IN THIS SPACE

City & State
Melbourne FL

City & State
Melbourne FL

Zip
32901

Country
USA

Zip
32902

Country
USA

4. FEI Number
59-1173357

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *Joseph H. Glover III*

Street Address (P.O. Box Number is Not Acceptable)
3109 S. Main St.

City *Melbourne* FL Zip Code *32901*

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 _____ (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)

January 1 to May 1 Fee is \$150.00
May 1 to August 31 Fee is \$350.00
September 1 to December 31 Fee is \$600.00
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 NAME STREET ADDRESS CITY - ST - ZIP	<i>Owner Joseph H. Glover III 3109 S. Main St. Melbourne FL 32901</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President Christopher J. Marshall 3109 S. Main St. Melbourne FL 32901</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Secretary-Treasurer Beth Glover Williams 3109 S. Main Street Melbourne FL 32901</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Christopher J. Marshall* 4-30-02 321 723-3953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)