

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90108 001 ***150.00

DOCUMENT # 331045**1. Entity Name**
GLENN ASSOCIATES, INC. OF FLA.**Principal Place of Business****12 WINTERGREEN WAY**
OCALA FL 34482**Mailing Address****12 WINTERGREEN WAY**
OCALA FL 34482**2. Principal Place of Business****1942 SE 37th Court Circle****3. Mailing Address****1942 SE 37th Court Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State**OCALA, FL****City & State****OCALA, FL****4. FEI Number 59-1212370**

Applied For

Not Applicable

Zip**34471****Country****MARION****Zip****34471****Country****MARION****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****BLAIR, FLOYD F**
12 WINTERGREEN WAY
OCALA FL 34482**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**

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	BLAIR, FLOYD F	
STREET ADDRESS	12 WINTER GREEN WAY	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLAIR, MICHAEL G.	
STREET ADDRESS	345 PLYMOUTH RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	S	<input type="checkbox"/> Delete
NAME	WARFORD, SUSAN L.	
STREET ADDRESS	14 WINTERGREEN WAY	
CITY-ST-ZIP	OCALA FL 34482	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1942 SE 37th Court Circle
CITY-ST-ZIP	Ocala, FL 34471
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Floyd F. Blair** **FLOYD F. BLAIR** **April 26, 2001** **352-694-5333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)