

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 389414

1. Entity Name

GLYNN & COMPANY, INC.

Principal Place of Business

3625 PEMBROKE ROAD
C2
HOLLYWOOD FL 33021
US

Mailing Address

3625 PEMBROKE ROAD
C2
HOLLYWOOD FL 33021
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 59-1364329

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

CHAMBERS, NEAL G
3625 PEMBROKE RD #C-2
HOLLYWOOD FL 33021

Name NEAL G. CHAMBERS

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

1640 W. OAKLAND PARK Blvd.

Suite 400

City Ft. Lauderdale

FL

Zip Code 33311

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

Neal G. Chambers NEAL G. CHAMBERS V.P.

01-11-2001

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

TITLE	PST	<input type="checkbox"/> Delete
NAME	SIKES, SHARON L.	
STREET ADDRESS	3625 PEMBROKE RD C-6	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHAMBERS, NEAL G	
STREET ADDRESS	3625 PEMBROKE RD #C-2	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARON L. SIKES	
STREET ADDRESS	1640 W. OAKLAND PARK Blvd Suite 400	
CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL G. CHAMBERS	
STREET ADDRESS	1640 W. OAKLAND PARK Blvd Suite 400	
CITY-ST-ZIP	Ft. Lauderdale FL 33311	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-2001

Date

954-717-8780

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90005 030 ***150.00

700620



DO NOT WRITE IN THIS SPACE

022555

CR2E034 (10/00)