FILED

Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90126 025 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

389414 DOCUMENT

1. Entity Name

GLYNN & COMPANY, INC.



Principal Place of Business Mailing Address 1301 N CONGRESS AVE 1301 N CONGRESS AVE 40064973 SUITE 350 SUITE 350 BOYNTON BEACH FL 33426 **BOYNTON BEACH FL 33426** US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1364329 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSENBEG, ARTHUR R Street Address (P.O. Box Number is Not Acceptable) 4875 NMO FEDERAL HWY 7TH FLOOR FORT LAUDERDALE FL 33308 : # City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition SIKES, SHARON L. NAME SIKES, SHARON L. NAME 1301 N CONGRESS AVE SUITE 350 STREET ADDRESS 1301 A. Congress Ave Suite 350 STREET ADDRESS CITY-ST-7IP **BOYNTON BEACH FL 33426** Boynton BEACH, FL. 33426 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition CHAMBERS, NEAL G NAME CHAMBERS, NEAL G 1301 N. Congress Ave Suite 350 NAME STREET ADDRESS 1301 N CONGRESS AVE SUITE 350 STREET ADDRESS CITY-ST-ZIE BOYNTON BEACH FL 33426 Boynton Beach, FL. 33426 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if

SIGNATURE:

CR2E034 (10/02)