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

557812 DOCUMENT

1. Entity Name

GLEN MILLER PROPERTIES, INC.



FILED Feb 17, 2003 8:00 am Secretary of State
02-17-2003 90201 022 ***150.00

			GO WE THE					
Principal Plac	e of Business	Mailing Address						
160 NW 150 /	AVE	160 NW 150 AVE						
OCALA FL 34	482-6658	OCALA FL 34482-6658		4 (00101 0)(01 0)(01 0)(14 (000)	***** ***** **** *****	81811 B:BIC 61	1411 41811 1 44 1	
US		US						
2. Principal P	lace of Business 8 o x 4 9 1	3. Mailing Address	491		 11 	DIBIL BIBLI BI		
Suite, Apt.		Suite, Apt. #, etc.	-/ *- !		IEDE-IE MAKINO O	LIANGER		,
MALL			BAYE	☐ CHECK F	IERE IF MAKING C	HANGES		
RUTLE	DGE, TN	City & State RUTLEDGE	アル	4. FEI Number 59-1798	··-	No	plied For t Applicable	'
3786		37861	Country	5. Certificate of Status Des	red L Fe	8.75 Add e Required		
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of N	lew Registered Age	ent		
			Name					
RANEW, THOMAS C. JR.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
3711 NE								1
OCALA FI	L 34479							ļ
			City		FL	Zip Code	е	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or regis	tered agent, or both, in the State	of Florida. I am fan	niliar with, a	and accept	
• · · · · · · · · · · · · · · · · · · ·								
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstating)	DATE			
F	ILE NOW!!! FEE IS \$150.00				•			
				9. Election Campai			0 May Be	
Afte	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State		9. Election Campai Trust Fund Contr			May Be to Fees	
Afte	May 1, 2003 Fee will be \$550.00		11.		ibution.	Added	I to Fees	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

352-237-1783