**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 19, 2002 8:00 am Secretary of State DOCUMENT # 576696 1. Entity Name G.L.H., INC. 02-19-2002 90122 021 \*\*\*150.00 Principal Place of Business Mailing Address 2513 MISCINDY PLACE 2513 MISCINDY PLACE ORLANDO FL 32806 ORLANDO FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1826468 Not Applicable Zip Zip Country 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 HICKLIN, GARRY Street Address (P.O. Box Number is Not Acceptable) 2513 MISCINDY PLACE ORLANDO FL 32806 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE VTD TITLE ☐ Addition ☐ Delete HICKLIN, GARRY L. NAME NAME STREET ADDRESS 2513 MISCINDY PLACE STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Change ☐ Addition TITLE **PSD** ☐ Delete TITLE NAME NAME HICKLIN, SHARON C. STREET ADDRESS STREET ADDRESS 2513 MISCINDY PLACE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE ☐ Delete TITLE Change ■ Addition LORI JAH DOWLING NAME NAME STREET ADDRESS 1506 GATLIN AV STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 32806 ORLANDO, FL 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 ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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: January R. R. Gar

02-02

407-851-8345