2003 FOR PROFIT CORPORATION

FILED Mar 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** 576696 **DOCUMENT #** 1. Entity Name 03-05-2003 90043 044 ***150.00 G.L.H., INC. 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. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1826468 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 Name HICKLIN, GARRY Street Address (P.O. Box Number is Not Acceptable) 2513 MISCINDY PLACE ORLANDO FL 32806 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change HICKLIN, GARRY L. NAME NAME 2513 MISCINDY PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HICKLIN, SHARON C. NAME STREET ADDRESS 2513 MISCINDY PLACE STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete TITLE **X** Change Addition NAME LORI, JAN DOWLING NAME STREET ADDRESS 1506 GATLIN AV 2525 MISCINDY PLACE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

407-851-8345

☐ Change

☐ Addition