

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 839897

1. Entity Name

GLENAAN, INC.

02-03
UBL

FILED

03 SEP 10 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

412 S. COUNTY RD.
PALM BCH. FL 33480

Mailing Address

11800 S.E. DIXIE HWY.
HOPE SOUND FL 33455

2. Principal Place of Business

2611 Old Okeechobee

3. Mailing Address

2611 Old Okeechobee

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Bch, FL

City & State

West Palm Bch, FL

Zip

Country

Zip

Country



REINSTATEMENT

02-03

4. FEI Number

04-2611858

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAXLER, CAROL S
73 S.W. FLAGLER AVE.
STUART FL 34994

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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	P	☐ Delete
NAME	ROBBINS, GLENAAN E	
STREET ADDRESS	210 ONONADAGA AVE	
CITY- ST- ZIP	PALM BCH, FL 33480	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS	100023021221	
CITY- ST- ZIP	09/12/03--01055--018 **150.00	
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS	100023021221	
CITY- ST- ZIP	09/12/03--01055--019 **158.75	
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Add
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, changed, or on an attachment with an address, with all other like empowered.

G. Robbins

9/2/10