

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000000764

1. Entity Name
THOMAS GLOVER ASSOCIATES, INC.



FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90066 014 ***150.00

0146434 AB

Principal Place of Business
13891 ASHEVILLE HWY
INMAN SC 29349-8690

Mailing Address
13891 ASHEVILLE HWY
INMAN SC 29349-8690



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **57-0712850**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DOVER, RUBY
520 TORRES PLACE
LADY LAKE FL 32159

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. 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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

\$150.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GLOVER JR, THOMAS E 168 RIDGEWOOD DRIVE INMAN SC	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GLOVER, LINDA C 168 RIDGEWOOD DRIVE INMAN SC	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

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.

SIGNATURE: THOMAS E. GLOVER JR **THOMAS E. GLOVER JR** 9-29-03 864-4734206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)



80134732
FOI000000764

JULY 28, 2003

UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: WAIVER OF LATE FEE FOR 2003 UBR
THOMAS GLOVER ASSOCIATES, INC.
FEIN: 57-0712850

DEAR SIR/MADAM:

AFTER A DILIGENT SEARCH OF OUR OFFICE WE SINCERELY BELIEVE THAT
THIS IS THE FIRST NOTICE WE RECEIVED OF THIS UBR REPORT.

WE REQUEST THAT YOU PLEASE WAIVER THE LATE CHARGE ON DOC
#FOI000000764. ENCLOSED IS THE COMPLETED UBR REPORT AND A CHECK
FOR THE ORIGINAL \$150.00 FILING FEE.

THANK YOUR FOR YOUR HELP.

SINCERELY,

THOMAS E. GLOVER, JR.
PRESIDENT